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Consolidation of
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1921

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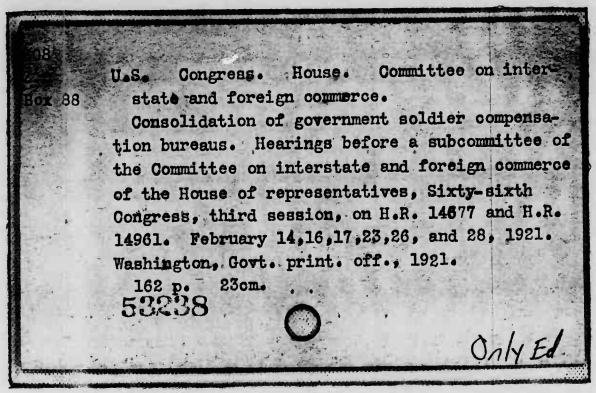

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CONSOLIDATION OF GOVERNMENT SOLDIER COMPENSATION BUREAUS

HEARINGS

P129-66

BEFORE A

SUBCOMMITTEE OF THE
COMMITTEE ON INTERSTATE AND FOREIGN COMMERCE
OF THE HOUSE OF REPRESENTATIVES

SIXTY-SIXTH CONGRESS
THIRD SESSION

ON

H. R. 14677 and H. R. 14961

FEBRUARY 14, 16, 17, 23, 26, AND 28, 1921

WASHINGTON
GOVERNMENT PRINTING OFFICE
1921

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CONSOLIDATION OF GOVERNMENT SOLDIER COMPENSATION BUREAUS.

Committee on Interstate and Foreign Commerce,
House of Representatives,
Monday, February 14, 1921.

The subcommittee met at 10 o'clock a. m., Hon. Burton E. Sweet presiding.

Mr. Sweet. The committee will come to order. Surg. Gen. Cummings, of the Public Health Service, is here this morning. We will be glad to hear you, General, upon H. R. 14677, H. R. 14961, and other bills.

STATEMENT OF DR. HUGH S. CUMMING, SURGEON GENERAL, PUBLIC HEALTH SERVICE.

Dr. Cumming. Mr. Chairman and members of the committee, the object sought to be obtained by the legislation proposed in the bills now before you, H. R. 14961 and others, has been concisely described in the previous hearings by the national commander of the American Legion as the desire that the ex-service man shall secure "swift justice," by which I think we all agree he means that the sick or disabled man shall—

First. Be furnished prompt and adequate medical and surgical treatment in suitable hospitals.

Second. That he shall receive the compensation and other indemnities to which he is entitled under law promptly and regularly.

Third. That he shall receive effective and prompt vocational rehabilitation.

Fourth. That these benefits may be secured by him with as little red tape as is consistent with efficient government.

I think that we must all agree, from the arguments presented to you by the gentlemen who have appeared in favor of this bill, that the following facts have been established:

First. That there are at present insufficient and inadequate hospital facilities for the care of the sick and disabled ex-service men.

Second. That the payment of compensation to those entitled to it is apparently unduly delayed, and that this delay is at least in large measure due to the lack of decentralization of the present War Risk Insurance Bureau.

You were informed by Col. Galbraith and others that the work of the Public Health Service and of the rehabilitation section of the Federal Board for Vocational Education are decentralized, so far as pertains to the treatment of the individual, and that is a fact. The conditions as they are at present may be briefly described as follows: The War Risk Insurance Bureau under the law is an office centralized in Washington without authority to maintain branch offices.

When the Public Health Service was authorized by the Congress to furnish medical and surgical care to the ex-service men it promptly established 14 districts in this country and others in our insular possessions. The Public Health Service not only began its strictly professional work, but, so far as it could do so, endeavored to do the work of assisting both the ex-service man and the War Risk Insurance Bureau in the preparation and forwarding of his application for compensation, etc., meantime taking care of the man when necessary in dispensaries and hospitals. It is generally conceded, I think, by those who have spoken to you that this work has, in view of the enormous task involved, been done as well as any other agency could have possibly performed it, despite the undoubted isolated instances of apparent failure. You may have drawn from the various statements made here and elsewhere that claim papers follow an unnecessarily circuitous course through the Bureau of the Public Health Service to the Bureau of War Risk Insurance.

Such, however, is not the case. I wish to emphasize here that, while the Public Health Service officers in the field act for that service in the hospitalization and professional care of the men, in all matters pertaining to compensation they act as direct agents of the War Risk Insurance Bureau; all papers pertaining to these matters are forwarded direct, and all correspondence pertaining to these matters is direct between these field agents and that bureau. Therefore, any delay in the settlement of such matters rests with the agent in the field and the War Risk Insurance Bureau. The statement that the Director of the War Risk Insurance Bureau can not "direct" but can only "request" action from these officials is disingenuous. Instructions relative to matters pertaining to these officers are signed by either or both the director and the Surgeon General and by their common superior, the Assistant Secretary in charge of both bureaus. And in connection with that, Mr. Chairman, with your permission, I should like to put into the record the department circular which ordered that "Hereafter district supervisors and their subordinate personnel shall be held to be the field representatives of the Director of the Bureau of War Risk Insurance and the Surgeon General of the United States Public Health Service."

Mr. SWEET. It may go into the record at this point.

(The paper referred to follows:)

INSTRUCTIONS RELATIVE TO THE EXAMINATION AND TREATMENT OF WAR RISK INSURANCE PATIENTS.

TREASURY DEPARTMENT,
OFFICE OF THE SECRETARY,
Washington, August 4, 1920.

To medical officers of the United States Public Health Service and others concerned:

I. The term "patients of the Bureau of War Risk Insurance," as used in public act 326 of the Sixty-fifth Congress, shall be held to mean, subject to the limitations contained in Paragraph II hereof:

(*a*) Any discharged sick and disabled soldier, sailor, marine, Army or Navy nurse (male or female), applying for compensation for personal injury suffered or disease contracted in the line of duty and not the result of his own willful misconduct, and until such time as claim for compensation has been disallowed.

(N. B.—The above authorization is intended to cover emergency cases in which the health of the patient would be seriously injured by delay. Great care should, however, be exercised in the utilization of this authorization, the patient's discharge and other papers being carefully examined to prevent, in so far as possible, persons falling within the limitations of Paragraph II hereof from receiving treatment.)

(*b*) Any person who, after induction by a local draft board, but before being accepted and enrolled for active service, became disabled as the result of disease contracted or injury suffered in the line of duty and not the result of his own willful misconduct involving moral turpitude, or as a result of the aggravation in line of duty and not because of his own willful misconduct involving moral turpitude of an existing disease or injury.

(*c*) Any such person in whose favor an award of compensation has been made or to whom a certificate of injury has been issued by the Bureau of War Risk Insurance.

(*d*) Any such compensable person who has waived his rights to compensation.

(N. B.—Patients falling in classes (*a*), (*b*), (*c*), and (*d*) will be treated only for conditions definitely connected with their military service or for intercurrent conditions having an untoward effect upon the cure or amelioration of conditions definitely connected with their military service.)

(*e*) Discharged members of the military or naval forces of those Governments which have been associated in war with the United States since April 6, 1917, subject to such regulations as the Director of the Bureau of War Risk Insurance may prescribe.

II. Discharged sick and disabled soldiers, sailors, marines, Army or Navy nurses (male or female), are rendered ineligible as patients of the Bureau of War Risk Insurance by any of the following:

(*a*) Discharge prior to April 6, 1917.

(*b*) Discharge or dismissal from the military or naval forces as enemy alien, conscientious objector, or deserter, or as guilty of mutiny, treason, spying, or any offense involving moral turpitude or willful and persistent misconduct.

(*c*) Dismissal or dishonorable or bad-conduct discharge from the service.

(*d*) Refusal to submit to or obstruction of physical examination.

III. All persons concerned with the enforcement of the provisions of this circular will provide themselves with copies of war risk insurance act and acts amendatory thereto, public act 326 of the Sixty-fifth Congress, and all acts of Congress relative to the Federal Board for Vocational Education. They will thoroughly familiarize themselves with the contents of these laws, to the end that ignorance thereof shall not be held to be sufficient excuse for failure to properly carry out their provisions.

IV. Hereafter—

1. The Bureau of War Risk Insurance shall be responsible for the determination of—

(*a*) The eligibility of persons mentioned in Paragraph I hereof to compensation and treatment;

(*b*) The service origin or aggravation, nature, and degree of disability of their injuries or diseases;

(*c*) Their reference for treatment; and

(*d*) The payment of all bills incident to the discharge of the above-mentioned functions.

2. The United States Public Health Service will be responsible for furnishing reasonable medical, surgical, and hospital services and supplies, including prosthetic apparatus, to such patients of the Bureau of War Risk Insurance as may be referred to it for the same and the payment of all bills incident to the discharge of these functions.

The Surgeon General of the United States Public Health Service is hereby authorized to make such reasonable rules and regulations for the internal administration of hospitals and relief stations operated by or under contract with the Public Health Service for the maintenance of order and as will prevent patients from endangering the health or impeding the recovery of themselves or other patients.

In case of discharge from hospital for disciplinary reasons, the Director of the Bureau of War Risk Insurance or his representatives in the district should be notified in order that other hospitalization may be arranged, should it be necessary. In case it is believed necessary to take advantage of disciplinary action authorized under the war risk insurance act or its amendments, particularly with respect to payment of compensation, the case should be laid before the Director of the Bureau of War Risk Insurance with full report and recommendations.

V. The Surgeon General will provide in each district medical and clerical personnel and office space necessary to the discharge of the functions enumerated in Paragraph IV.

Hereafter district supervisors and their subordinate personnel shall be held to be the field representatives of the Director of the Bureau of War Risk Insurance and the Surgeon General of the United States Public Health Service.

District supervisors will carry on their operations under the conjoint direction of the chief of the hospital division and the chief medical adviser for the purpose of carrying out the provisions of Paragraph IV, subparagraphs 1 and 2, under rules and regulations conjointly prescribed by the Director of the Bureau of War Risk Insurance and the Surgeon General of the United States Public Health Service, and approved by the Secretary of the Treasury.

In each district there will be a district examiner, who, with his subordinate personnel, will operate under the direction of the district supervisor for the purpose of carrying out the provisions of Paragraph IV, subparagraph 1.

In each district there will be a district relief officer who, with his subordinate personnel, will operate under the direction of the district supervisor for the purpose of carrying out the provisions of Paragraph IV, subparagraph 2.

The Director of the Bureau of War Risk Insurance and the Surgeon General of the United States Public Health Service will take immediate steps looking to the housing of each district supervisor and the field representatives of the Bureau of War Risk Insurance in the same building with a conjoint central information bureau.

D. F. Houston,
Secretary of the Treasury.

Dr. Cumming. It further provides:

> District supervisors will carry on their operations under the conjoint direction of the Chief of the Hospital Division and the chief medical adviser for the purpose of carrying out the provisions of Paragraph IV, subparagraphs 1 and 2, under rules and regulations conjointly prescribed by the Director of the Bureau of War Risk Insurance and the Surgeon General of the United States Public Health Service, and approved by the Secretary of the Treasury.

So far as the work of the Public Health Service in connection with the rehabilitation division of the Federal Board for Vocational Education is concerned, I may state that over 200 officers of the Public Health Service are acting with that division in the direction of its medical work. The work of this division is decentralized, and so far as I am aware, there is no question as to the prompt and efficient, and I may add, harmonious working of this arrangement.

Moreover, the physical examinations required by the Federal board in connection with its work are conducted by the same district officers of the Public Health Service, who are also the field agents of the Bureau of War Risk Insurance. Besides this, the Public Health Service furnishes medical care to the trainees of the Federal board. All of these cooperative duties are conducted without any friction or lack of coordination.

Now, as to the history and merits of this particular bill: This bill was drawn in this city recently by part of a committee of the American Legion, who stated that they were endeavoring to carry out the instructions of the American Legion at its annual convention in Cleveland last September to favor legislation for the coordination of all three Government agencies concerned in the care and treatment of the ex-service man. When it was pointed out to them that consolidation was entirely different from and would have entirely different results from coordination, those members present stated that they considered that this bill carried out their instructions; representatives of the Public Health Service who had been invited to be present pointed out the impracticability of such legislation. Mr. Rogers himself, who was present at the meeting, will concur in this statement.

Far from serving to coordinate the working of the three bureaus, this proposed measure absolutely disrupts the Public Health Service and its personnel, serves to destroy its carefully constructed corps of medical men, professional nurses, and other trained personnel, and would involve an intricate transfer and separation of hospitals and other property. It attempts to create de novo a separate medical and nursing organization, and has a hitherto unprecedented provision, namely, that the chief of the largest civil scientific and medical organization in the world shall be placed under direction of the chief of this newly created bureau, who will, presumably, be guided in his directions to the Surgeon General as to medical care either by some board irresponsible to the Government or by a subordinate employee.

The bill has been studied by those of us who have had the responsibility directly and indirectly of the care and compensation of the ex-service man, and has been disapproved by the Secretary of the Treasury, by the Assistant Secretary in charge of the bureaus, and the Director of the Bureau of War Risk Insurance. The only possible merit in the bill is the decentralization of the work in the War Risk Insurance Bureau, and possibly, though with this I have nothing to do, the coordination of the work of the rehabilitation section of the Federal board.

Mr. Sweet. When you say "Federal board," you mean the Federal Board for Vocational Education?

Dr. Cumming. Yes, sir. Your attention has been invited by the Secretary of the Treasury to the bill introduced by Mr. Rogers on December 7 and referred to your committee as H. R. 14677, which, in my opinion, as in that of the Secretary, will better obtain the results desired by the legion and by all of us.

So far as the hospitalization and medical and surgical care of the ex-service man is concerned, the bill now under discussion will not add a bed to the facilities now existing, and its passage would seriously and deleteriously affect the welfare of the ex-service man. I can not forebear inviting your attention to the fact that the Public Health Service, almost immediately after it was authorized to take care of the ex-service man, has persistently and unceasingly endeavored to show the Congress the need for additional hospital facilities for this purpose. This is evidenced by House Document No. 481 and by over 350 pages of hearings last spring and summer, with additional hearings this winter, which have happily resulted, I hope, in the inclusion in the sundry civil bill of an appropriation.

Briefly, gentlemen, as the result of careful study of this problem here and abroad I am convinced that the solution of this matter is the coordination, in one department, under one assistant secretary, of the three agencies now concerned in the three phases of the care of the ex-service man—the War Risk Insurance as regards the financial obligations, the rehabilitation division of the Federal Board for Vocational Education as regards the physical and mental educational problems, and the Public Health Service as regards the medical care. And the responsibilities of each should be clearly defined. I can not emphasize this too much, gentlemen, in view of the diffi culties that we have had, in view of conflicting legislation. The responsibilities of each should be clearly defined.

It is needless to say that the utilization of the hospital facilities afforded by other governmental organizations, such as the Army, Navy, and soldiers' homes, can be as fully utilized under this plan as by any other; and so far as the individual is concerned, a method is provided for securing through a single agency in the field the benefits due the ex-service man. As a matter of fact, this has already been nearly accomplished without legislation.

Therefore, gentlemen, as a medical man, the chief of a great service profoundly interested in the welfare of the disabled ex-service man and woman, and as one who may claim, at least, some familiarity with the subject, I feel it my duty and responsibility to warn you of the confusion which will result from the ill-considered transfer and consolidation of medical facilities in a newly created bureau, as proposed in this measure.

If I may add, Mr. Chairman, this matter, it seems to me, is a very clear, easy matter to settle. There has been a good deal of cuttlefish work and attempt to confuse the issue, because of various reasons, into which we need not enter at present; but to those of us who have been among the 14 district supervisors of the Public Health Service who have actually been doing this work in the field, to those in the bureau who have been around and seen the work, the matter is one of easy solution, as I have indicated; that is, to have the three bureaus coordinated under one secretary, one department—legally, of course. There is an assistant secretary who does the work, which could be provided for.

You can not make a Poo Bah of one man; there seems to be a feeling that in some way Congress can gather together in one individual a doctor, a financier, and an educator. There have got to be three men at these specialities. If the three bureaus were consolidated, the first day that a man struck there he would have to subdivide it again into medicine, education, and finance. So that the matter is perfectly simple. It is to coordinate these three institutions under one assistant secretary, have the 14 district supervisors in the field—and they need not be doctors; it is a matter of personality, not of profession. Those men would be selected by the Secretary—or, at least, he would be legally responsible for the proper man being selected—and the district supervisor's office would necessarily have a duplicate of the Washington organization. They would be functioning under him. They should be the financial branch, the educational branch, and the medical branch; so far as the service man is concerned, he would deal with only one person. He would go to the district supervisor or State supervisor's office, and all of his transactions should be there.

I think from a practical study of the thing that 95 per cent of the complaints we get about hospitalization when traced by the inspectors are found to be due to the man not getting compensation. And I don't blame anybody for that, because under present law the papers all have to come to Washington. I think if it could be decentralized so that a board—and we already do it, gentlemen, in the field with regard to the Public Health Service and the Federal board now. The medical board sits, makes a report on a blank; the report is

considered by the Federal board representative and the man's rating and what shall happen to him is decided right then and there, exactly the same board which sits to determine a man's compensation from the war-risk insurance, the same blank is used, the same jacket is used for his record. The amount of compensation could be determined there from the same report, and he could step around to the disbursing officer and get a check for the compensation allowed him by the district authority there. If he were dissatisfied with it, he would have the right of appeal to the central reviewing board sitting in Washington, but meantime he could get whatever amount was allowed him. If the central board of appeals and review in Washington found that the local board was giving him too much, it would be disallowed on his future monthly payments. If, on the other hand, he were getting too little, he could get the additional amount.

Mr. Rayburn. Your idea is that these 14 district offices should be made; in other words, that the Wason bill should be enacted?

Dr. Cumming. I think, Mr. Rayburn, that that is really the gist of the whole matter.

Mr. Rayburn. And your idea is to decrease the work of the central bureau by making the decisions of those offices final except on appeal cases?

Dr. Cumming. Yes, sir.

Mr. Rayburn. If the man is satisfied, there is nothing that ever has to come here to Washington except the record of the case.

Dr. Cumming. I would not say that, Mr. Rayburn. I should think that for the protection of the Government there would be the same ultimate coming of the papers to Washington.

Mr. Rayburn. That is what I say; the record would have to come to Washington.

Dr. Cumming. The record would come here and be audited, the final auditing. Of course, they may be a year or six months behind, but it would come here finally.

Mr. Rayburn. Did you say a moment ago that you thought 90 per cent of the cases could be settled in those district offices?

Dr. Cumming. I would prefer to have Dr. Lavinder answer about any approximate percentages. No; what I did say, though——

Mr. Rayburn (interposing). I thought you used the words "90 or 95 per cent."

Dr. Cumming. I said about 90 or 95 per cent of the complaints about hospitals, etc., are really due to the man sitting there waiting for his compensation. The ladies who visit these men tell me that. I have talked with a great many of them and they tell me that the men become very much dissatisfied waiting so long.

Mr. Sweet. Doctor, so that we may get the full force of your suggestions, taking into consideration the present situation in the department, we will say that this coordination takes place under the Secretary of the Treasury. We have a Second Assistant Secretary of the Treasury who is the head of the whole matter.

Dr. Cumming. Yes, sir.

Mr. Sweet. Under the Second Assistant Secretary is the War Risk Insurance Bureau, which for the purposes of this discussion comprises the Allotment and the Allowance Division, the Compensation Division, and the Insurance Division?

Dr. CUMMING. Yes, sir.

Mr. SWEET. And that remains in the Treasury Department where it is now.

Then we have the Public Health Service, which remains in the Treasury Department. And the Rehabilitation Division of the Federal Board for Vocational Education is put under the Treasury Department. Is that true?

Dr. CUMMING. Yes, sir.

Mr. SWEET. And at the present time the Federal Board of Vocational Education really belongs to no department of the Government; it is a separate commission. Now, in the field we have the 14 regional offices which have already been established, as I understand it, by the Public Health Service?

Dr. CUMMING. Yes, sir.

Mr. SWEET. And these 14 regional officers are also working in cooperation with the Federal Board of Vocational Education?

Dr. CUMMING. Yes, sir; right in the same office.

Mr. SWEET. Now, in order to coordinate the work of these three branches under the Second Assistant Secretary of the Treasury the War Risk Insurance Bureau should have 14 regional offices. You will remember that in the Wason bill provision was made for 14 regional offices. At these regional offices we would have a district supervisor.

Dr. CUMMING. As at present; yes, sir.

Mr. SWEET. And all complaints within a certain territory or region would come to the regional offices?

Dr. CUMMING. Yes, sir.

Mr. SWEET. And at these regional offices you would have a board which would pass upon all matters pertaining to allotments and allowances, compensation, and insurance, as far as the Bureau of War Risk Insurance was concerned?

Dr. CUMMING. Yes, sir.

Mr. SWEET. On the other hand, they would also pass upon all matters pertaining to the Rehabilitation Division of the Federal Board of Vocational Education?

Dr. CUMMING. The same examination, Mr. Chairman; the same jacket.

Mr. SWEET. The same papers, the same jacket, and all brought together in that regional office?

Dr. CUMMING. Yes, sir.

Mr. SWEET. And each department would have access to the papers in that particular jacket?

Dr. CUMMING. Yes, sir.

Mr. SWEET. And all matters pertaining to each soldier would be in that jacket?

Dr. CUMMING. Yes, sir.

Mr. SWEET. Then, as the board passes upon a question of compensation, your suggestion is that that is to be final?

Dr. CUMMING. It is as far as the Federal board is concerned right now, Mr. Chairman. It shows the practicability of it.

Mr. SWEET. What is true as to the Federal board you want to be true as to compensation, allotments, and insurance. Now, as I said, the decision of that board is to be final, unless there is an appeal taken by the soldier, and he is to have a certain length of time in which to take an appeal to the board at Washington. Do you believe that by adopting that plan it would coordinate the whole work of these three departments under the Second Assistant Secretary of the Treasury?

Dr. CUMMING. I think so, Mr. Chairman. I can't see why it would not.

Mr. SWEET. Your chief objection to what is known as the Rogers bill, H. R. 14961, is to the fact that according to the language of the bill, as it now stands, such part of the Public Health Service as pertains to war risk insurance, is put under the direct supervision of the Bureau of War Risk Insurance. In other words, there is a part of your service that remains wholly under your control and a part of it does not.

Dr. CUMMING. And a part of it half and half.

Mr. SWEET. And a part of it is half and half, and that is true in some of the hospitals.

Dr. CUMMING. Yes, sir. I don't think it could be made workable, Mr. Chairman. We have thought over it very carefully.

Mr. SWEET. Do you believe that this matter could be worked out under the first Rogers bill, known as H. R. 14677, to advantage?

Dr. CUMMING. Is that the bill introduced last spring, or on December 7?

Mr. SWEET. That is the December 7 bill.

What I want you to do, Doctor, is to point out more in detail the reasons why you believe that these various bureaus can not function to the best advantage under the provisions of the Rogers bill.

Dr. CUMMING. Of the December 7 bill?

Mr. SWEET. December 7; yes.

Dr. CUMMING. Mr. Chairman, the Secretary has forwarded you a letter which discusses that matter, I think.

Mr. SWEET. Yes; at some length; but I thought it would be advisable to get it directly from you or from some person in your department at this hearing.

Dr. CUMMING. Section 7 in this bill, the first part, Mr. Chairman, is going along the line of decentralization and coordinating the Federal board with 4, 5, and 6.

Now, with regard to section 7, "That the duties heretofore performed by the United States Public Health Service in the physical examination and assignment of hospitals to beneficiaries," etc., "shall hereafter be performed by the Bureau of Veteran Reestablishment," I must say that when I came here last spring and began to study this question from a bureau standpoint and talked to the officers of the service in the field I was an ardent advocate—and so are all of my officers without any exception, from a service standpoint—of having just that thing done, because we did not care about being put in the position of a rating board and a pension board.

After I got out into the field, Mr. Chairman, and went to these offices and saw the thing at work from a field standpoint, I saw this is what would happen: We would have a clinic unit, a dispensary, in these district offices to determine whether a man is sick or well; whether he ought to go to the hospital or not. That board at present also acts for the physical examination at the same time. You have got to make a physical examination to find out the condition of the man. Under the provisions of this bill we would be doing the hospital dispensary work with one board and across the hall would be another board for this physical examination. There would be a duplicate board, and you can not get that many good doctors—that is all there is about it—in most towns, and it would be an unnecessary expense, and when I came back we discussed it jointly, which led to the writing of this letter which I showed you. As soon as I discussed it, Mr. Shouse, who was Assistant Secretary at the time in charge of war-risk insurance, a very able man, said he agreed with me thoroughly in the matter. I think it would be a matter of inefficiency. There is no use to duplicate the board.

Mr. Sweet. That is the point I am making, whether it would get the best results.

Dr. Cumming. No, sir; it would not.

Mr. Sweet. And whether it would function in the best way to obtain efficiency.

Dr. Cumming. I think the man would think the Government was a fool, Mr. Chairman, if you will excuse me, if he stepped on the left side of the hall to be examined as to physical condition and filled out an elaborate blank, and then stepped across to the right side of the hall to see whether he was going to be sent to the hospital or not by another board. That is the way it looks to me, sir, in the field, and that is the way the men in the field describe it.

As to the eighth section, Mr. Chairman, I discuss that with a little less hesitation because I think we have been accused of personal ambition, service ambition, and so on, but it rather strikes me that a doctor would be the proper man—if the Public Health Service is not the proper medical service, then some other one—to decide whether beneficiaries should have hospitalization, care, and treatment; where it should be and how it should be done and whether such facilities are sufficient or adequate, and in case they are not, it seems to me that it would be a doctor who should make use of such other faclities as may be made available. The Secretary took the same position and suggested to us an amendment to section 8, which I may say was initiated by both Col. Cholmeley-Jones and myself, representing the two bureaus, as agreeing. You will find that in the Secretary's letter. I shall not take the trouble to read it to you.

I do not recall anything else.

Mr. Dewalt. Doctor, may I ask you one question? What laws now existing, or what parts of laws now existing, would it be necessary to repeal in order to accomplish this decentralization and coordination of which you speak?

Dr. Cumming. I know of no law which would have to be repealed. I imagine you gentlemen know more about that than I do. It would be a simple authorization to establish district offices. I think there is no law specially prohibiting it; there is just none authorizing it. I would like to have Dr. Lavinder answer that.

STATEMENT OF DR. C. H. LAVINDER, ASSISTANT SURGEON GENERAL, UNITED STATES PUBLIC HEALTH SERVICE.

Dr. Lavinder. The only modification that I know of would be to transfer the Federal Board for Vocational Education. There would have to be a law for that. Then the Wason bill would have to be enacted into law to allow the War Risk Insurance Bureau to decentralize. Outside of that I know of none, unless you want to modify, which it seems to me very essential, the war risk insurance act to the extent of giving either the Public Health Service or some other medical agency the medical functions of this matter—to define each agency's responsibilities clearly. That is one of the biggest difficulties we have, that we don't know what our responsibilities are. If you give each one a clear and definite responsibility in the law, you eliminate a great deal of trouble which now exists on that account, that two people are trying to do the same thing.

Mr. Dewalt. With those three things that you have already indicated, you think the object would be accomplished?

Dr. Lavinder. Yes, sir. It would be a minimum change in the law; it would not be radical legislation at all, which I think is a matter of supreme importance. If you pass radical legislation at this particular time, when this whole work is in a very acute stage, you will undoubtedly militate strongly against the care of the discharged soldier, because it means the entire rearrangement of your whole administrative machinery and the interpretation and execution of a brand-new set of laws which is a very slow, laborious process.

Mr. Dewalt. That was the object of my inquiry, as to whether the desired end could be accomplished without specific legislation, or whether it could be obtained simply by modification or amendment of the existing law and authorization.

Dr. Lavinder. I think by modification of existing law. It is a minimum change.

Dr. Cumming. With the exception, Mr. Chairman, of the Federal Vocational Board.

Mr. Dewalt. Yes.

Dr. Cumming. And practically speaking we are working in the field, so far as individuals are concerned, without any laws for that.

Dr. Lavinder. I have always felt personally, from long association with the matter, that our cooperation with the Federal board, which is very satisfactory indeed, much more satisfactory than it is with the War Risk Insurance Bureau, without criticizing anyone—I don't mean to be critical—was due to the fact that the Federal board's functions and responsibilities are very clearly outlined, absolutely; ours are not.

Mr. Sweet. That is, by rule and in an administrative way?

Dr. Lavinder. No; that is by statute; but our position from a legal standpoint is indefinite. We have only public act 326 and appropriation acts subsequent thereto, which in effect make us an agency of the War Risk Insurance Bureau; only they do what we ask them to do; although they do make the discharged soldier a beneficiary of the Public Health Service, so that in all medical arrangements we are dependent upon a nonmedical bureau. They go as far as they want to—withdraw if they want to. That does not permit us any basis on which to organize, with the result that all of our personnel are constantly demoralized and upset, because they wonder what is going to happen, and we are too. We have no basis on which to rest—no firm basis.

Mr. Sweet. In other words, you turn over to the Bureau of War Risk Insurance a certain number of your personnel?

Dr. Lavinder. Yes, sir.

Mr. SWEET. And they are under the direction at the present time of the Bureau of War Risk Insurance?

Dr. LAVINDER. Well, that is a perfectly feasible proposition, but when it comes to the establishment of a hospital, that is a function in law of the War Risk Insurance Bureau, not ours, and we only do what they request us to do.

Mr. DEWALT. Suppose that these modifications were obtained; what would be the difference, we will say, in the process and determination of the application of an individual for vocational training? That is to say, how would he be benefited by these changes which you propose, either in time or in method or in ultimate result?

Dr. LAVINDER. I should say, sir, so far as the Federal Board for Vocational Education is concerned, there would be very little difference from what it is now.

Mr. DEWALT. Now we will proceed to hospitalization. What would be the difference there?

Dr. LAVINDER. You mean of Federal board trainees?

Mr. DEWALT. Yes.

Dr. LAVINDER. Or the entire discharged soldier population?

Mr. DEWALT. I am speaking now of the application of the discharged soldier, we will say.

Dr. LAVINDER. Well, at the present time a discharged soldier need not wait at all for hospitalization if he is sick—that is, in the field—and the Federal board is practically in the field. It is the compensation feature in which we get the delay. That comes to Washington. But we can put a man in a hospital for care and treatment immediately, and we always do.

Mr. DEWALT. Then, so far as hospitalization is concerned, the remedies proposed would not be absolutely necessary.

Dr. LAVINDER. I should not say they would be absolutely necessary.

Mr. DEWALT. Would it be a greater convenience to have these modifications made?

Dr. LAVINDER. It would be a greater convenience and would have this effect: That you could establish your organization with an assurance that you do not possess now, and you could employ a personnel on a definite contract with them. They would understand that "this is your job and you are going to do it." They don't understand that now. It makes that difference. It stabilizes the thing, and it makes this difference: At the present time the hospitalization of war-risk insurance beneficiaries is not solely our responsibility and is not solely the war-risk insurance responsibility. It lies between us.

Mr. DEWALT. That is what you mean by saying "half and half," as the Surgeon General says?

Dr. LAVINDER. Yes, sir. It means a lot of administrative consultation and an administrative arrangement to do something that is comparatively simple and could be done directly if that function were given solely to a medical bureau. It is the interference with specialized functions that upsets your administrative arrangements. You never know just where you stand—not that I am criticizing anybody; I am simply talking plainly, because that is a difficulty we have met.

Mr. DEWALT. Now we come to the other feature of it.

Dr. CUMMING. Pardon me, Mr. Chairman; I suggest that Dr. Lavinder describe the present delay in securing dental treatment.

Dr. LAVINDER. That is a different feature, of course. In the matter of dental treatment we have to depend upon the determination of the War Risk Insurance Bureau as to the eligibility of a man for treatment.

I might say that under our present arrangements and under the authority of the Secretary of the Treasury if a man applies to us sick, we accept certain prima facie evidence; that is, an honorable discharge and the relation of his disability or sickness to his war service. If those two things occur, we raise no further question; if the man is sick and needs treatment, we put him in a hospital. Then his papers go to the War Risk Insurance Bureau to determine whether he is eligible; that is, whether his disability is 10 per cent or above or whether it is related to his war service. We may hear one, two, three, or four months later that this man is not eligible, and then we simply discharge him, if we can, if he is fit to be discharged.

Now, when you take up a dental case, that works a little differently. There a man comes to you who has a dental disability which the man in the field thinks is due to war service, but he is not authorized in the field to do anything more than give that man emergency treatment, prevent pain and prevent serious disability. Then he must make out his papers. They come to Washington. They go to the War Risk Insurance Bureau and they will stay here an interminable time sometimes before we can give that man the dental treatment that he requires and that is his by right. In the meantime his mouth gets worse and worse and worse, and the men blame us severely for that. "Why don't you give me treatment?" We can't give it until they say that man is eligible for treatment.

Those are the kind of things that produce tremendous complaint. They are very difficult matters to determine, but they ought to be determined in the field, it seems to me, as far as possible, to prevent interminable delays which result when you come all the way to Washington.

Mr. DEWALT. And I suppose it is safe to say that there are a great many of those dental disabilities, as you call them?

Dr. LAVINDER. Yes, sir; there is an enormous number of them.

Mr. DEWALT. Now, let us take up the other features. What benefit would this modification result in, so far as the compensation feature is concerned?

Dr. LAVINDER. Of course, in speaking of compensation I am speaking of something with which I am not nearly so familiar as I am with other features, but it has always seemed to me that with this huge task it is necessary to put everything you can into the field. The more you decentralize, the more you come in contact with the men the quicker results you get. Now, if you can decentralize the compensation feature the same as you do everything else, a man gets everything that is coming to him right then and there. He gets "swift justice," as the national commander of the American Legion says. He gets money, he gets medical care and treatment, he gets everything that is coming to him. You can straighten it out afterwards, if you want to, by appeal or otherwise. But the great complaint here is that a man waits three or four or five or six months for compensation and then gets it all in one check, sometimes $1,200 or $1,500. It seems to me unfortunate that we have to wait all that time. I know that the men familiar with the compensation feature say that there are greater difficulties regarding decentralization of compensation features than of anything else, and they are more competent to speak of that than I am. But I do not see how you can ever solve this problem by centralizing in Washington. We found out in the very beginning that unless we could decentralize the medical work in the field we would never reach the man. He could die before we would get him into the hospital, and the Federal board found out the same thing.

If you go into the field and come in contact with the man and give him what is his right immediately, you can later review that thing all you want to, just as we do now; if a man is admitted to the hospital sick, he is sick. Maybe two months later the War Risk Insurance Bureau says that man is not eligible and we have to discharge him, but in the meantime the man did not suffer; and if you do not do it that way a lot of them will suffer who are entitled to treatment, and it is the same way with compensation. We have in our hospitals to-day hundreds and thousands of men who do not get any compensation, and it is a serious matter with them. It upsets the morale and makes them discontented and unhappy all the time. They do not understand it, and that condition of affairs is, to my mind, very unsatisfactory.

Mr. Dewalt. And you are quite convinced, are you, that this plan proposed by you and the doctor, the several phases indicated, would remedy that evil?

Dr. Lavinder. That is my judgment, sir. The plan is to my mind entirely logical, quite workable; it is entirely in accord with all governmental procedure, and the experience of foreign governments has been practically the same. That is the way they work. The Canadian Government does not consolidate its affairs. It works exactly that same way. The British Government, I think, works the same way.

Mr. Sweet. Would it increase the personnel, Doctor?

Dr. Lavinder. No, sir; I do not think so. If anything—well, it would in the War Risk Bureau, of course, if they put in any big field force, but, on the contrary, we would be able to consolidate some things like files, for instance. Every district office now carries a large filing force. If we could consolidate the files of the War Risk Insurance Bureau, the Federal board and ourselves, we could reduce that two-thirds. That is, the same force would handle the combined files of the three organizations.

Mr. Sweet. It would have a tendency to reduce the personnel in Washington greatly?

Dr. Lavinder. Undoubtedly; yes, sir.

Mr. Sweet. It would simply leave here a skeleton?

Dr. Levinder. Just the direction of affairs.

Mr. Dewalt. In other words, the increase in the field would in all probability be larger than the decrease here?

Dr. Lavinder. I do not think so, sir. I think the decentralization would lift the burden off Washington tremendously and give us a chance to do the things that we ought to do—think about the big problems.

Mr. Sweet. Doctor, can you tell us how these boards are formed at the present time in the War Risk Insurance Bureau for the purpose of arriving at ratings for compensation?

Dr. Lavinder. No, Mr. Sweet. I am not familiar enough with it to give you details at all.

Mr. Sweet. Do you know how many boards there are? How many units; they refer to them as units, I believe?

Dr. Lavinder. No, sir; I do not know how many there are. I do not know enough about that to say. It is changing.

Mr. Sweet. We can get that information from the director of the bureau, of course, but I thought that perhaps you had been in contact with that and could tell us briefly about it.

Dr. Lavinder. No; I do not happen to know.

Mr. Sweet. Now, your thought, Doctor, is that this rating is to be made at the regional offices?

Dr. Lavinder. It seems to me that that is the logical thing.

Mr. Sweet. And if the ratings are made there, that they are to immediately receive a check for compensation?

Dr. Lavinder. I do not see why that can not be done, Mr. Sweet. It seems to me the logical procedure.

Mr. Sweet. That is, in all cases which are not appealed?

Dr. Lavinder. As I say, the compensation features are not—I am not on very sure ground when talking about that, but it seems to me perfectly logical, and I do not see any other solution of a grave difficulty than to put it in the field where it belongs.

Mr. Sweet. And it would simply be adding to the Public Health Service and the Board of Vocational Training that is now performing its duties at these regional offices?

Dr. Lavinder. Yes, sir; just be adding some more for the War Risk Insurance Bureau.

Mr. Sweet. There would be no difficulty in coordinating that work?

Dr. Lavinnder. I see none whatever. At the present time I may say that with the earnest cooperation of Mr. Cholmeley-Jones and Mr. Lamkin we have all adopted a policy of consolidation of our offices in the field. That is to say, we demanded that they all go into the same building, under the same roof.

Mr. Sweet. Are you in the same building now?

Dr. Lavinder. Always; and usually the Red Cross is with us.

Mr. Sweet. And that was done by consulting with the men who are at the heads of these verious departments?

Dr. Lavinder. Yes, sir; it was entered into between us.

Mr. Sweet. And you are already cooperating to that extent?

Dr. Lavinder. Yes, sir; absolutely. We are in the same building, under the same roof, and on adjoining floors. Sometimes on the same floor.

Mr. Sweet. Now, let me ask you, would it be necessary at these regional offices to have three files or can all the papers relating to the one soldier be put into one jacket?

Dr. Lavinder. I see no reason why they should not all be put into one jacket, and the Federal Board and ourselves are just about to do that already, to combine our jackets at the beginning. We do not see why it can not be done, and it would eliminate a lot of trouble and difficulty if we can get it altogether, and we are about to begin that experiment in one of our district supervising offices. It is not an experiment in our minds. It is just a question of doing something. It can be done. We are all satisfied that the consolidation of the files would eliminate a lot of difficulty; reduce a lot of the clerical force; give everybody a better service. As it is now, we have a combined information office.

If a discharged soldier comes into the district supervisor's office, he goes to this central information bureau and there he is sent to wherever he belongs, and I do not see why we could not have the same thing about our files.

Mr. Sweet. That is not a matter of law; it is a matter of administration.

Dr. Lavinder. Absolutely.

Mr. Sweet. And cooperation?

Dr. Lavinder. Yes, sir.

Mr. Sweet. Between these departments?

Dr. Lavinder. Yes, sir. We are absolutely in accord in that in the field and all right together. I think I ought to make it clear that "14 district offices" does not mean that we have only 14 field offices. Under each district office there is a big suborganization or else we would have the same congestion in the district supervisor's office that we have here. You have to decentralize those in the same way, further into the field, but the principle is just exactly the same.

Mr. Rayburn. You already do that now?

Dr. Lavinder. Yes, sir; the Federal Board and ourselves both do. We organize under the district supervisor's office what we call hospitalization units. That is, we take every big center of population in any district and there we put a medical officer in charge, who is a representative of the Public Health Service, either on part or whole time duty, depending upon the work, and we employ three or four attending specialists, either on a fee basis or on a salary basis, men that are expert in certain lines, like eye, ear, nose, throat, tuberculosis, and some other things; then we make a contract with a hospital, if we have not one, so that we can take a man and send him to the nearest large town and give him a complete physical examination, with all the expert and particular services necessary, and put him in the hospital, if necessary. We tried the fee basis with individual men, and we have them now, but it is not satisfactory. You do not get a complete and full examination, and the consequence is that the papers are continually returned for further medical evidence. It is better to finish the job completely in the first place, if you can, with X-ray plates and everything. Then it is done and there is no comeback on such an examination, and that is the basis of our organization.

Mr. Sweet. It is your thought, then, though, that the final rating of a man should take place at the regional offices, and the suboffices should be feeders to that regional office?

Dr. Lavinder. I think the rating question is a very serious question, and I am not so sure that that would not have to go to the district supervisor.

Mr. Sweet. It is an important question.

Dr. Lavinder. It is a very large question.

Mr. Sweet. And a question, too, about which there is a great deal of complaint, because of the slowness with which it is done?

Dr. Lavinder. Yes, sir.

Mr. Sweet. For instance, we will say, a man's papers are sent in to the bureau, and it may be three or four weeks before they get around to examine them. Upon examination of the papers they find that there is not a sufficient showing. They write out for the additional affidavits or the additional showing, and after a month or so that is returned. That file has been passed by and it takes two or three months again to reach it in the ordinary course. All of that could be obviated by having the rating done at the regional offices?

Dr. Lavinder. A great deal of it would, undoubtedly. Of course, as the thing developed you would find better ways, perhaps, of meeting difficulties of that character, if you once decentralized.

Mr. Sweet. But that is a matter of administration; not of law.

Dr. Lavinder. I have always felt that decentralization was the key to our entire problem, to get into the field in contact with the man.

Mr. Sweet. That was really the solution, was it not, of the work done under the Federal Board for Vocational Education?

Dr. Lavinder. Yes, sir. They are great believers in decentralization and so are we, and undoubtedly it has saved us from disaster; we could not possibly have worked any other way.

Mr. Sweet. Do you know that this vocational training at the present time is increasing?

Dr. Lavinder. I understand so, but I am not familiar with the figures. They must be. Demands on all sides are increasing rather than diminishing. The hospital demands are increasing steadily.

Mr. Sweet. Is there anything in this plan that would prevent in any way the perfecting of the present plan for hospitalization?

Dr. Lavinder. No, sir.

Mr. Sweet. To be given disabled soldiers of the country?

Dr. Lavinder. Absolutely not.

Mr. Dewalt. When you speak of the plan, Mr. Chairman, do you speak of the bill now under consideration?

Mr. Sweet. No; I speak of the plan that has been suggested here, which is to the effect that all hospitalization is to be under the control of the Public Health Service.

Mr. Parker. What is the medical personnel of the War Risk Insurance Bureau now?

Dr. Lavinder. May I explain a little bit at length? The Public Health Service——

Mr. Parker (interposing). I mean outside of the Public Health Service.

Dr. Lavinder (continuing). Is the main medical agency involved in the care of discharged soldiers with their own medical personnel. Then the War Risk Insurance Bureau has certain intricate medical functions; that is, ratings and the review of papers, etc., and the Federal board has a similar set of functions. Originally the Public Health Service detailed to the War Risk Insurance Bureau on the one side and the Federal board on the other, such officers as they required to perform this work. The Public Health Service retained no control over these officers, except paying their salaries, and they were subject to the usual discipline.

Then that arrangement still exists with the Federal board, but the War Risk Insurance Bureau were dissatisfied for many reasons with that arrangement, and so they have formed their own intricate medical staff, 60 or 70 doctors, with which we have nothing to do. They are simply what we could call "contract doctors." They are employed at so much a year and do a certain class of work. They are not related to the service in any way. Of course, we work with them every day and cooperate with them, but I mean to say they are not our officers and have no relation to this service.

Mr. Sweet. Are there any other questions by the committee?

Gentlemen, I think that concludes our hearing this morning. Those that are here and desire to be heard can give their names to the secretary and our next meeting will be held at 10 o'clock next Wednesday.

(Whereupon, at 11 o'clock a. m., the subcommittee adjourned.)

Committee on Interstate and Foreign Commerce,
House of Representatives,
Wednesday, February 16, 1921.

The subcommittee met at 10 o'clock a. m., Hon. Burton E. Sweet presiding.

Mr. Sweet. We are ready to continue the hearings on H. R. 14677 and H. R. 14961. Col. Cholmeley-Jones is with us this morning, the Director of the Bureau of War Risk Insurance. We will be glad to hear what you have to say, Director.

STATEMENT OF COL. R. G. CHOLMELEY-JONES, DIRECTOR OF THE BUREAU OF WAR RISK INSURANCE.

Col. Cholmeley-Jones. As concerns the proposed consolidation of the various bureaus of the Government dealing with soldier problems?

Mr. Sweet. Yes.

Col. Cholmeley-Jones. I have gone over very carefully the two Rogers bills, and I would like to refer specifically to the first Rogers bill, which is dated December 11, H. R. 14677.

Mr. Sweet. That is December 7.

Col. Cholmeley-Jones. That is December 7; yes. Under date of January 7, 1921, the Secretary of the Treasury addressed a communication to Mr. Esch, chairman of the Committee on Interstate and Foreign Commerce, in which he discussed the merits of the two bills, the first so-called Rogers bill and the second so-called Rogers bill.

In the Secretary's letter he expresses the opinion that the first Rogers bill under date of December 7 is more practicable than the second Rogers bill. He says, in part:

> Believing that the coordination of the two agencies concerned is more desirable than their consolidation, it would appear that the bill, H. R. 14677, to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes, would produce more desirabel results than H. R. 14961, in so far as the Bureau of War Risk Insurance and the Public Health Service are concerned.

> Whether or not the rehabilitation division of the Federal Board for Vocational Education should be consolidated with the Bureau of War Risk Insurance in a new bureau is a question hardly proper for comment, since it involves a matter outside of the province of this department.
>
> Leaving out of consideration, therefore, the provision for the consolidation of the rehabilitation division of the Federal board with the Bureau of War Risk Insurance, H. R. 14677, with some essential amendments of section 8, would meet with the approval of this department, and at the same time accomplish practically the same purposes as H. R. 14961.

The amendments as suggested to this bill are as follows:

> Sec. 8. That in the hospitalization, medical care, and treatment of beneficiaries of the bureau of veteran reestablishment, the director in the assignment to hospitals of beneficiaries under the war risk insurance act shall utilize the facilities of the United States Public Health Service, the National Home for Disabled Volunteer Soldiers, and the War and Navy Departments, which governmental agencies are hereby authorized to furnish such medical, surgical, and hospital services and supplies as may be necessary. In the event that such facilities are not sufficient or adequate, the Surgeon General of the United States Public Health Service shall acquire by contract, lease, purchase, construction of new plants or extension or alteration of existing plants, such other medical, surgical, and hospital services and supplies as might be necessary.

The difference in the original bill and this proposed amendment is that the original bill provides that in the event such facilities are not sufficient, the director of the bureau shall make use of such other facilities as may be made available. In the proposed amendment it provides that the director of this bureau shall be responsible for the examination of these men, for the sending of them to hospitals for treatment, and that the United States Public Health Service shall be responsible for the running of the hospitals, and if there be an inadequate supply of hospital facilities, that the Surgeon General will be responsible for securing those additional facilities and running them.

Mr. Sweet. In other words, Director, the bill introduced by Mr. Rogers on December 11 is not clear as to the services to be rendered by the Public Health Service and the Bureau of War Risk Insurance. That is, they are interwoven, and the thought is by suggesting this amendment that it clearly defines the service to be rendered by the Public Health Service—that is to be rendered by the War Risk Insurance Bureau by the service.

Col. Cholmeley-Jones. Exactly, Mr. Chairman. It is very much the same as if any member of your family were ill to-day. You would send them to a good hospital; you would not attempt to buy that hospital and run it yourself because you were going to send a member of your family there. You would send the patient to a hospital; somebody would be responsible for the running of that hospital, and the member of your family attending that hospital would have to abide by the rules of that hospital as laid down by the head of the hospital or the medical director. Now, in this instance the service of the United States Public Health Service would be very clearly defined. They would be running all of the hospital facilities.

Mr. Sweet. Do you know what the view of the Public Health Service is as to this amendment?

Col. Cholmeley-Jones. They have concurred in this amendment, and the letter that was written by the Secretary of the Treasury was concurred in by the Surgeon General and by myself, through the Assistant Secretary of the Treasury, Mr. Laporte. This, in fact, expresses the views of both the Assistant Secretary, the Surgeon General, and myself, as well, of course, also as being the opinion of the Secretary of the Treasury.

Mr. PARKER. Col. Cholmeley-Jones, do you want to complete your statement in your own way or do you want to be questioned as you go along?

Col. CHOLMELEY-JONES. I think it would be well for you to ask questions.

Mr. PARKER. The question I want to ask is this: Irrespective of these two bills, both of which apparently calling for a continuous scheme, would you mind outlining to us just how you think that bureau should be organized? Give your own personal views. I would like to have you give them, irrespective of either the Rogers bill or any other bill, how you think it ought to be done. Of course, if you do not want to answer that, you need not do so.

Col. CHOLMELEY-JONES. No; I have no reason for hesitating.

Mr. PARKER. I did not suppose you had.

Col. CHOLMELEY-JONES. After the experience that I have had in studying all of the work it is my sincere belief that the functions performed by the rehabilitation division of the Federal Board for Vocational Education and the functions performed by the Bureau of War Risk Insurance should unquestionably be consolidated; not coordinated, but consolidated. Take, for instance, the matter of disbursing money to these beneficiaries; under the present plan the War Risk Insurance Bureau pays a man compensation who is out in Seattle. We are centralized in the Bureau of War Risk Insurance. Everything comes to Washington. The man in Seattle makes application for vocational training. They are decentralized and organized very splendidly in that and other respects. The man in Seattle applying for vocational training applies to the local man, who tells him that he may start training immediately. He goes into a school to take his training, and from that minute on he is a trainee of the Federal board, and they start paying him his money. We have got to get that notice through the Vocational Board. If there is any accident anywhere in our office, in their office, in the mail, or anywhere else, we continue to pay that man his war-risk compensation; the Vocational Board at the same time are paying him their allowance.

Now, when we find that we have overpaid him a month or two months, whatever it may be, or a few days, we have to write and tell that man he owes us some money, or we have got to go to the Federal Board and say, "Make deductions from this man's pay to reimburse this other Government bureau." Now, if we had one disbursing officer, for instance, the Federal board man in Seattle would simply send a notice to this central bureau—the disbursing officer—and say, "From January 4 this man is entitled to $100 or $80," whatever it may be. As soon as that comes into this central bureau it goes to the single disbursing officer; they look up the account, and say, "We have been paying him $40. All right, from January 4 he gets $80 or $100, whatever it may be." So the checks are changed.

That would save a tremendous amount of work. It would save a certain limited amount of personnel, because it would all be consolidated. There is duplication there now. And it would be much more effective and satisfactory certainly to the men with whom we are dealing.

Take another thing. The Federal board have decentralized in a very efficient manner.

Mr. PARKER. That is on the vocational training?

Col. CHOLMELEY-JONES. The rehabilitation division of the Federal board, I mean. We are asking for authority to decentralize the bureau. It is a great misfortune to the operations of the bureau that we have not been decentralized before.

Mr. PARKER. That is the Wason bill?

Col. CHOLMELEY-JONES. That is the Wason bill, which you have passed through the House. If we were decentralized—and we have the authority in the Wason bill—what are we going to do under our act? We have got to do it. We are going to start out and duplicate the Federal board's organization and——

Mr. PARKER (interposing). And the Public Health Service?

Col. CHOLMELEY-JONES. And the Public Health Service.

Mr. PARKER. You are going to have three instead of one?

Col. CHOLMELEY-JONES. Excepting that the Public Health Service, the major part of it, is strictly medical, which we would not duplicate. Now, under this consolidation, not coordination, of the rehabilitation division of the Federal board and the Bureau of War Risk Insurance it means that these men who are now in these district offices will simply take on the functions of the Bureau of War Risk Insurance.

Mr. PARKER. Now, what I had in mind, Colonel, was this: How could you so arrange it that you would have one man responsible—I mean for the finances—and one man, another man, responsible for the educational features? Is that possible?

Col. CHOLMELEY-JONES. Absolutely.

Mr. PARKER. And then one man responsible for the medical?

Col. CHOLMELEY-JONES. Absolutely possible. And it is possible in this way: For instance, the Bureau of War Risk Insurance and the rehabilitation division of the Federal board are consolidated. Now, they have got a district office, we will say, in Chicago. Immediately the head of this bureau says to one of the men, we will say, that is now the head of one of the separate bureaus out there, "You are now in charge."

Mr. PARKER (interposing). Would it be one or three?

Col. CHOLMELEY-JONES. A new man.

Mr. PARKER. He could take the best man in charge, either the vocational man, the doctor, or the financial man?

Col. CHOLMELEY-JONES. I wanted to cover that just a minute later, if I may, Mr. Parker.

Assuming that the Federal board, or the Rehabilitation Division of the Federal board, and the Bureau of War Risk Insurance are consolidated. I do not believe under present conditions that the Public Health Service can be so consolidated, because they have so many other functions to perform. Therefore, assuming for the moment that just the Rehabilitation Division of the Federal board and the Bureau of War Risk Insurance are consolidated, you would take either one of the managers of those two and make him the manager or take a new man and make him the manager.

Mr. **Parker**. That is what I meant.

Col. **Cholmeley-Jones**. Now, by having one man the manager it means that he would have charge of all the functions of that division. Now, going back and answering your query there regarding the Public Health Service functions in these offices, it is my firm conviction, and always has been, that the Public Health Service as such should run the hospitals—a separate and distinct and very vital problem and a very important problem. In the examination of men for the purpose of determining whether or not they need treatment or hospitalization, that should be a function of this bureau—this consolidated bureau, whatever it is called.

In following out that procedure it would work out this way: That the United States Public Health Service would detail to this office—the branch office, for instance, in Chicago—such personnel, medical personnel, as may be required. Now, those doctors would perform medical duties, professional service. All of the clerical, all of the managerial, all of the executive, all of the administrative work, would be done by laymen, saving a great number of doctors who could be put onto the work that the Public Health Service needs their services so badly for.

Now, let us go back then to that district office. We have one man manager of it; we have then the Rehabilitation Division, the War Risk Insurance Division, and the Medical Division, all under the supervision of that manager, reporting in turn to the director of the bureau.

The medical functions, of course, are a professional service. That manager is not going to say, "You did not use the right X ray"; "You did not give this man the right pill"; "You did not do this"; because that is strictly professional service. By detailing the doctors to these different offices, say the work slackened in one district, the Public Health Service knowing their personnel well, knowing where they needed men, would pull out one doctor and detail him somewhere else, or, if there was a heavy load at one particular place and request made for more personnel, they would throw more personnel into that district, and they would be well-trained personnel, just on the medical functions.

That would in effect consolidate the Rehabilitation Division and the war risk activities. It would coordinate the activities of the Public Health Service to such an extent that it would almost be a consolidation; only it would not be a splitting of authority.

Mr. **Parker**. The idea that I had in mind was to put all of the professional services under the Health Department and have them, as you say, detail men that would go there and do that particular work, so that you would not have the duplication of doctors or a duplication and conflict of authority and conflict of judgment.

Col. **Cholmeley-Jones**. I think that is perfectly practical.

Mr. **Parker**. I wanted to know if it was practical.

Col. **Cholmeley-Jones**. Yes; I think it is entirely practical. I think this: That that district manager, having charge of those three divisions, that district manager has got to perfect his organization administratively. He has got to know that there are enough examiners, doctors, to examine, because that is only for the purpose of determining whether or not the man is entitled to treatment. Now, that is sort of a business procedure. You use a doctor in that thing, but it is a business procedure. Now, the Public Health Service concurs in the opinion, as expressed in this letter by the Secretary of the Treasury, that these examinations should be done under the auspices of the Bureau of Veteran Reestablishment or the Bureau of War Risk Insurance—this consolidated bureau—and that the Public Health Service should not take the responsibility until the men are sent to their hospitals.

Mr. **Parker**. By "responsibility" you mean this, do you not? That if, for instance, suppose a young man comes in to a regional office and there is not a Public Health Service doctor there, he would not have to wait until one got there. That is what you mean?

Col. **Cholmeley-Jones**. Yes.

Mr. **Parker**. That they could use somebody else, if he has smallpox or something, but the layman could not rate him for regular compensation?

Col. **Cholmeley-Jones**. Well, the manager there, for instance, a man coming in from Kankakee, or a man in Kankakee was too sick to come into the city where there were doctors, the Public Health doctors, that district manager would say "What is the best doctor in Kankakee?" And they would look it up, consult the medical division of that particular office, look up all the directories, and so forth, make inquiry by wire and other means, and they would say, "Dr. Parker." Then this manager would issue an order for the patient to go to Dr. Parker. Now, that is all for the purpose of determining whether or not that man was injured or diseased by reason of his military service or subsequent to his service. Now, when they decide he is entitled to treatment, then we send him to a hospital. What hospitals do we send him to? In the major part, we send them to the Public Health hospitals. We also send them to the national soldiers' homes' hospitals, which are expanding. We also send them, if it is within a certain radius, to the Army and Navy hospitals, where we are making use, temporarily, of the surplus beds.

The national soldiers' homes have no authority until a patient arrives at that hospital, and then they have entire authority. The War and Navy Departments are the same and also the United States Public Health Service. A man ordered to their hospital for medical care and treatment or operation, as soon as he enters that hospital is a patient of the Public Health Service and is treated by them. He has got to abide by their rules and regulations and discipline, and so forth, and we would not go to that hospital and say, "I want this man moved to another hospital" and move him out without the consent of the Public Health Service who are responsible for that man's condition.

Mr. **Dewalt**. In other words, your jurisdiction over him ceases?

Col. **Cholmeley-Jones**. It ceases when he gets in the hospital. It becomes a professional service. He is to be cared for in that hospital. Now, everything previous to that is a matter of administration and organization, of getting the man to the place to be treated, and then when he leaves that hospital, again it becomes our problem and not the problem of the hospital.

Mr. **Sweet**. The manager there, Colonel, is responsible to whom? The manager of that regional office?

Col. Cholmeley-Jones. He is responsible to the director of this bureau, directly responsible.

Mr. Parker. The Assistant Secretary of the Treasury or whoever the director happens to be?

Mr. Sweet. Or you might say, to the director of the bureau subject to the Assistant Secretary of the Treasury Department.

Col. Cholmeley-Jones. Well, everything, Mr. Chairman, that the director of the bureau does do is subject to the approval of the Assistant Secretary acting for the Secretary. Every appointment is approved by him and every step taken by the bureau as regards matters of policy is approved by the Secretary through the Assistant Secretary.

Mr. Sweet. Now, following up along that line, what do you suggest about the establishment of a board at these regional offices for the purpose of rating the men for compensation?

Col. Cholmeley-Jones. I think it would be a very desirable thing to do. I think that the nearer we can get to the man himself in the matter of rating the better it would be, because no matter how careful or how wise, there is something lost in the making of ratings at a distant point.

Mr. Sweet. And what have you to say about the formation of these boards? How they should be constituted?

Col. Cholmeley-Jones. Because of the fact that these patients are suffering from nearly every conceivable injury and disease, the board would have to be very carefully organized, just as it is in Washington, because you would have to have a tuberculosis expert, a neuropsychiatric expert; you would have to have a man expert on osteomyelitis, on tuberculosis, on surgery, on dentistry, on all the various different specialties and particular phases of medical care and treatment, because if you had simply a doctor there who was a general practitioner, he would not be sufficiently competent to judge and to rate a man who is a mental patient, for instance.

Mr. Sweet. What should be the number of persons connected with the board?

Col. Cholmeley-Jones. Well, there would have to be from five to seven, just doctors.

Mr. Sweet. You think these boards should be composed wholly of doctors, who are to do the rating for compensation?

Col. Cholmeley-Jones. I think this, Judge, that the rating for disability or disease should be made by the doctors. That is to say, a man has got tuberculosis; nobody knows but that doctor to what extent the man has tuberculosis. When he makes his diagnosis and prognosis it is a matter of professional opinion that that man is disabled to a certain extent.

Mr. Sweet. The proposition in the first instance, then, is that it is necessary to have a doctor on the board; would there be any objection to putting on the board a layman?

Col. Cholmeley-Jones. By all means, there should be laymen on the board, because the doctors, for instance, do not want the entire responsibility for rating from every point of view—I mean complying with the act, as to how much compensation the man is entitled to under the different provisions of the act or the regulations. They simply take a professional question, and say this man has got four fingers off; this man is suffering from bone decay; this man has mental trouble, or tuberculosis. Now, for these things, according to the rating table, he is entitled to so much money. Now, they say, "Beyond that, what is his industrial handicap?" "Beyond that, has he any dependent relatives who may be entitled to compensation?" And the different rules and regulations. At what date should it start? Should it start from to-day, yesterday, or to-morrow? All those matters have to be taken into consideration.

Mr. Rayburn. Is not this what you intended? That as far as the disability, the physical disability, is concerned, that that is a question for the medical men?

Col. Cholmeley-Jones. Exactly.

Mr. Rayburn. But after you get the ratings for physical disability, then it becomes a question of administration and interpretation of the law as to how much?

Col. Cholmeley-Jones. Yes, sir.

Mr. Rayburn. Well, laymen would be just as good on that as a doctor, and in all probability better?

Col. Cholmeley-Jones. We would not use a doctor for that at all.

Mr. Parker. Would not that go to your manager?

Col. Cholmeley-Jones. No; what we do in the Bureau of War Risk Insurance, for instance, if we might use that as an example——

Mr. Sweet (interposing). I wish you would explain that fully, just how you are operating now in that respect and the number of experts employed and how your boards are constituted at the present time.

Mr. Rayburn. In other words, this is what I intended to get clear: The medical doctors; their function is only to rate the man's disability?

Col. Cholmeley-Jones. Exactly.

Mr. Rayburn. Not at all to set the amount of compensation?

Col. Cholmeley-Jones. Well, by rating for the man's disability, that in itself tells how much money should be paid for that particular disability, if there were no other elements to be considered.

Mr. Rayburn. I understand that, and that is exactly the reason why the doctor can not pass upon the amount of final compensation.

Col. Cholmeley-Jones. You are perfectly right about that. What we would do now, we have a compensation and claims division, to which is sent all of the correspondence coming in from a new claimant. A man writes in from a rural community and says "I am very sick; I want compensation." We immediately make a new jacket for that man, give him a compensation number, the latest number. We then send the compensation file to another part of the office, to the medical division, who immediately send out and have that man undergo a physical examination. That jacket then goes back into the file. There is a common file between the medical section and the compensation section. In the course of time the completed physical examination is received. The compensation file number is on the examination, which draws out the compensation jacket. It is given to the medical department and they examine that certificate, and on the basis of that examination they say "Based on injury and disease, this is the rating." It immediately goes to the compensation and claims division, and is examined by an examiner. Then he reviews it from every point of view other than the strictly medical point of view, and he is the man who determines what the compensation shall be. Now, that case is then reviewed by the reviewer, to catch up any possible inaccuracies or error in judgment on the part of the examiner.

Mr. PARKER. It practically works out, does it not, that that is the minimum compensation that he is going to receive—what the medical man says?

Col. CHOLMELEY-JONES. The medical man says the minimum, and——

Mr. PARKER (interposing). And the other man determines whether he is entitled to extra, or other, compensation on account of other features of the law and incidents pertaining to this particular man?

Col. CHOLMELEY-JONES. Exactly. Now, suppose we rate that particular man that we have been discussing at 40 per cent. We write out to him and say, "You have been rated at 40 per cent dating from the 1st day of January." Well, he says, "That is not right. My physical condition warrants a higher rating. I have not been able to work for two months and I am getting worse and I do not know that I will ever be able to work again." He complains and writes to you about it, and you write to us and say, "I want to know the facts in this case."

Mr. PARKER. And a great many of them have.

Col. CHOLMELEY-JONES. Now, what do we do in that case? The first thing we do is to place that compensation jacket before the medical board of review, composed of doctors who are specialists on neuropsychiatry, tuberculosis, and on the different features. That board of review examines all the papers in that jacket to determine as to whether or not from the strictly medical point of view that man has been properly rated, based upon the examination in the files. It is then reviewed by the final board of review, who are laymen, to see whether or not the additional compensation that might be allowed in that case has been properly applied. If they concur in the ratings given by the examiner and the reviewer and the medical board of review, they so state in their finding, and if they need additional evidence they telegraph or write, depending upon the urgency of the case, and order a reexamination for that man, and very often we have that man examined by an entirely different doctor, so that his case can be again determined on an entirely unprejudiced and new basis.

We then take that examination and have it reviewed in the bureau to determine whether or not the original examination was complete enough, or whether our finding was consistent with the facts. Sometimes we find it necessary to leave a man in the hospital for a month to keep him under observation, taking X rays and all that sort of thing. But the process is that it first goes to the medical, then to the compensation and claims division, where it is examined and then reviewed. If there is nothing unusual or out of the ordinary in the case, it ends there. The award is made. If there is any point of controversy, it goes to the medical board of review, and then the compensation and claims board of appeals, and that is final. Now, where these boards disagree it comes to me for final opinion and decision, and then I have to make the decision, the authority for which I have in the war-risk insurance act.

So that in these district offices, in the decentralizing of this work, I think that the exact form of organization for the examining boards and for the board of appeal, or the board of review, or whatever we may determine to call it, should be left to the director of the bureau, and it should not be specifically set forth in the law creating such a bureau.

Mr. SWEET. Your suggestion is that it should be purely administrative?

Col. CHOLMELEY-JONES. Purely administrative, authorized in the act. Why I say "authorized in the act" is this: A great many people are of the opinion that we should disburse from these district offices—at the present time there are 14—the Vocational Board and the Public Health Service, while the Bureau of War Risk Insurance only has 8 temporary branch offices. Now, if we rate in that district office, we would like to pay from that district office. I do not know that my information is absolutely correct, but I am under the impression that while we might be able to disburse from those offices, there may be no authority now for auditing in those offices, because auditing may have to all be done in Washington.

Mr. PARKER. Would it not fit your case to make your first disbursement from that office and after that disburse from Washington?

Col. CHOLMELEY-JONES. Well, there is this difficulty that has arisen, Mr. Parker.

Mr. PARKER. To get the man—because it seems to me you could do it just as well here—to write the checks the first of every month, or whatever period you want, from the other office, and make your first payment from there, so that the man can get something immediately.

Col. CHOLMELEY-JONES. Yes.

Mr. PARKER. Is that not feasible, I mean?

Col. CHOLMELEY-JONES. Well, the theory of it would make it seem that that was the way. For instance, John Brown comes to a district office, and he says, "I am sick," and they say, "Yes, you look sick and your pulse feels weak; you had better go to a hospital." Of course we can not pay him in advance. So he has got to wait for his money any way, but now he goes in that hospital, and they are treating him either for the purpose of examination or as an emergency. That man has been out of the service a year and a half, two years, two and a half years, or possibly three years. Unless it is shown on the man's discharge, clearly and unmistakably, that this injury or disease was in fact contracted in the service—it might show the loss of a leg or the loss of an arm—that doctor does not know in fact whether or not that disability or disease was contracted subsequent to the service of the man in the Army, and we have an increasingly large number now because of the length of time that has elapsed since the man's discharge.

Mr. PARKER. They would be more and more as time goes on?

Col. CHOLMELEY-JONES. Yes.

Mr. PARKER. That has to do with your hospitalization, but I am speaking about the compensation now.

Col. CHOLMELEY-JONES. Well, the man comes in and they look over him and they say, "Yes, your teeth are in this particular kind of condition. For the loss of these teeth or for this condition, you are entitled to 30 per cent." They find that he was in the Army, and that he was discharged three years ago. Now, how do they know in fact that that is due at all to his service? The only way you can find out is to examine the Army records. If we paid that man right away $30 a month, they paid him from there, and at the end of the month word came to Washington, through the Army records, that he was a stenographer in the War Department; never had a toothache; never had a stomachache; that he was in perfect health during his entire service; and that the particular condition which he has with his teeth is something that might readily have happened during the period of three years since the date of his discharge word would be received from Washington, "We are sorry, but this is apparently a case that is not entitled under the act to compensation, and we disallow it." Now, there is no way that that man out in the field can guess that.

There is another phase of it which is a thing to consider certainly, because the numbers are large.

Mr. **Parker.** You are making argument now right against what you said a minute ago, that you should disburse from your regional offices. You are making argument why you should not.

Col. **Cholmeley-Jones.** Yes; we should rate from our regional offices and we should disburse—I have in mind when I say "disburse," many things in addition to the paying of the actual compensation.

Mr. **Parker.** My purpose is not at all to contradict what you may say. Only I want to find out just what your opinion is.

Col. **Cholmeley-Jones.** I mean, for instance, by "disburse": We run up a great many bills to dentists, for examinations, for various kinds of services, just as the Public Health Service for the renting of a hospital or the treatment and all that sort of thing.

All of that disbursing, the disbursing for the rehabilitation feature of the Federal Board, all of that disbursing could be done there, irrespective of this disbursing for the compensation.

Mr. **Parker.** Disbursing—my thought was that disbursing was entirely compensation paid to the man. I was not thinking about the incidental expenses that you evidently have in mind.

Mr. **Sweet.** The payment of compensation should be done in Washington?

Col. **Cholmeley-Jones.** I am afraid that it would have to be done in Washington. I think that the rating could be done in the field by the medical and lay board, because they see the man, they deal with him; they send it in to Washington and then Washington would check it up with the War Department records and put it on to a permanent check basis.

Mr. **Parker.** Every regional office can not have the record of every man in the service; that would be impossible.

Col. **Cholmeley-Jones.** Impossible; and the thing I was just starting to mention, and which is very pertinent to the question you have just asked, is this: That quite aside from any attempt of fraud, the man who is in this district goes to that district, and he says: "I did not get any compensation for the last three months," or he might not tell about getting compensation. He may come in very sick and say: "I want compensation." They go over him, examine him, and say: "Yes; you are entitled to so much." "Well, I have been out of the service for so long," and they get an affidavit and find he has been in this condition three or four months, and they pay him three or four months' compensation. We look over the record here and find he has been getting compensation, or he may have been denied compensation. He may have been in 5, or, 6, or 10, or 15 hospitals and been discharged summarily in some and left others without authorization. Well, now there is no earthly way of controlling that and protecting the interests of those just claims. Now, the cases of fraud or the cases where there is confusion of that sort, the number of them is fairly large, but the percentage is very small, you see. But they are sufficiently large in number to make it absolutely essential that the Government administer this financial part of the negotiations as carefully as it can in the interests of public economy.

Mr. **Sweet.** Is it feasible, Director, to bring all the papers pertaining to these various branches into one jacket at the regional offices?

Col. **Cholmeley-Jones.** If the Rehabilitation Division of the Federal board and the Bureau of War Risk Insurance were consolidated into the one bureau; if the examinations that were done in these regional offices were done by officers of the Public Health Service detailed to these regional offices, they could all be consolidated, because it would be one law. There would be no dispute as to authority or responsibility. If you had the Public Health Service in the office, the Rehabilitation Division of the Federal board in the office, and the Bureau of War Risk Insurance in the office, separate and distinct bureaus under separate and distinct directors, who felt their responsibility and somebody put somebody at the head of all those three and took away the authority and only left the responsibility, it would be a peculiar kind of individual that would operate under that as a director, in my opinion.

Mr. **Rayburn.** A while ago you said you were not in favor of coordination, but in favor of consolidation of the Federal board and the Bureau of War Risk Insurance.

Col. **Cholmeley-Jones.** Rehabilitation Division of the Federal board.

Mr. **Rayburn.** Now, what or how about the Public Health Service? That is the third.

Col. **Cholmeley-Jones.** If we were starting the world all over again I would unqualifiedly recommend the establishing of a complete medical service in this particular bureau. However, we are not starting the world all over again and we have a great big service known as the Public Health Service. Now, we should use the facilities that the Government has now organized. As the Public Health Service is held responsible for many other important operations, such as the quarantine, epidemics, plagues, and many other things—research—where they use a common office and pay a common rent and have a common storeroom and common officers, it would be disorganizing, it would seem to me, and possibly cause a certain duplication, to try to split up the Public Health Service and put one section of——

Mr. **Rayburn.** Nobody is going to advocate that the Public Health Service be submerged—at least I am not—with any bureau of the Government and lost sight of. I certainly am not going to do that, because, in my opinion, it is about the most capable and warranted service in the Government.

But now, just specifically, what would be your recommendation about the sort of coordination, or cooperation, as you may call it, that we could put into a law with reference to the Public Health Service and this new consolidated bureau?

Col. Cholmeley-Jones. It would be charged to this extent: The original war risk insurance act reads in part as follows:

> That the director, subject to the general directions of the Secretary of the Treasury, shall administer, execute, and enforce the provisions of this act, and for that purpose have full power and authority to make rules and regulations and to regulate and provide for the nature and extent of the proof and evidence and the method of taking and furnishing the same in order to establish the right to benefits of allotment, allowance, compensation, or insurance provided for in this act. The forms of applications of those claiming to be entitled to such benefits, the methods of making investigations and medical examinations, and the manner and form of adjudication of awards.

Under the present act it is the responsibility of the Director of the Bureau of War Risk Insurance to have those examinations made, so that no change in the legislation is needed. In the proposed so-called Rogers bill, under date of December 7, in section 8, the Secretary of the Treasury has recommended that after the examinations have been made and the man has been sent by this bureau to a hospital for treatment, he be sent to the Public Health Service hospitals, to the hospitals of the National Soldiers' Home, to the Army and Navy Department hospitals, and then if there be more patients than there are Government hospital facilities, that the Surgeon General of the United States Public Health Service shall be responsible for the securing of additional hospital facilities. In other words, he will build up the hospital program. That is in addition to the beds that may be made available in the National Soldiers' Home hospitals or in the War and Navy Departments.

Now, you have got a very direct line there of demarcation between examination and hospital treatment.

Mr. Rayburn. Have you looked up the authority under the law? You have not got the authority now under the law, have you, that would say that when a disabled man went into a hospital and he asked for care for the time being of the War Risk Insurance Bureau he should be cared for?

Col. Cholmeley-Jones. He is under the War Risk Insurance Bureau now, under this law.

Mr. Rayburn. But you, as I understood you a little while ago, wanted it to be entirely the responsibility of the Public Health Service when he is in hospital to render that medical care and treatment. Now I think this——

Col. Cholmeley-Jones. In reply to that, the medical care and treatment is wholly a professional service. A man may go into a hospital and, because of the conditions of his nerves, because of the peculiar location of the hospital, or because of certain antagonism that he may feel toward one of the doctors or nurses, he may not be progressing there. He may want to move. Now, if his health will permit his being moved it might be decidedly to the advantage of not only the man but of that hospital to have him moved. I should think it would be perfectly practicable to have that man make application, if the moving from that hospital to another hospital was denied—it seems to me it would be perfectly practicable to have that man still make application to the director of this consolidated bureau and say that "because of the nature of my condition I want to be moved into another hospital." That hospital that he may be moved into may be an Army hospital, a Navy hospital, a soldiers' home hospital, or another public health hospital. The Public Health Service would be concerned as to taking care of that man while he was in that hospital.

Mr. Rayburn. In any of these hospitals?

Col. Cholmeley-Jones. In any of their hospitals. When he was moved from that hospital to a soldiers' home hospital, or to an Army or Navy hospital, the heads of those services would be responsible for the professional care and treatment of that man. That is what it is, a professional service.

Mr. Sweet. But at all times, while in these institutions, he would be under the care of the Public Health Service?

Col. Cholmeley-Jones. He would be under the care and treatment but he would still be a patient of this bureau, of this consolidated bureau, whatever you would call it.

Mr. Sweet. But the Public Health Service would have everything to say as to his care and treatment while in these hospitals.

Mr. Parker. When a man had been examined and you find he has got to be sent to a hospital, would it be practicable to, just that minute, put him entirely under the jurisdiction of the Surgeon General and then let the Surgeon General send him to the hospital that he saw fit, either the Army or one of the various other hospitals that you have mentioned?

Col. Cholmeley-Jones. I do not believe that that would be practicable.

Mr. Dewalt. That would occasion too much delay?

Col. Cholmeley-Jones. It would be the dividing of the responsibility and the authority, and it would tend to cause "passing of the buck" and shirking.

Mr. Parker. Would it? I am inclined to think it would stop "passing the buck," because then you would have one man that would be—when a man was sick, then he would be under one head. He would not be under two. Now, if a man does not like a hospital, as many of them do not, and they want a change, they can go to the one or they can go to you, or they can go to somebody else, but if they were under the health department they would have to go to the health department. It would be left, the administration end of it, would be left entirely with you as director.

Col. Cholmeley-Jones. Originally, when we were organizing and we were trying to get on our feet, we would get applications saying, "I want to move from this hospital to that hospital." Well, we would look over the papers in the file and say, "Yes; this man is suffering from tuberculosis, and this particular climate to which he goes would be a good climate and the hospital is all right." "Yes," we would order him, "All right; go to that hospital." Now, we would not know the facts in the case, that in that hospital that man had been drunk and he had been fighting the nurse and that he had been gambling and that he was making it impossible to give treatment, and not only to himself but to all the other people.

The point that you pick out is a pertinent one. If this bureau was overriding the decision of the doctor in these hospitals, just arbitrarily, there would be a great deal of trouble.

Mr. **Parker**. But why should they not have the right? That is what I can not see. It sems to me that the medical or professional man is a better judge of that than you are.

Col. **Cholmeley-Jones**. Yes; he is.

Mr. **Parker**. You are a better judge of the financial responsibility in the department than he is. It seems to me to be a clear-cut case there of definition.

Col. **Cholmeley-Jones**. I think that——

Mr. **Parker** (interposing). I may be wrong about that.

Col. **Cholmeley-Jones**. I think that the strictly medical responsibility of running hospitals should be in the particular organizations that run those hospitals, whether it is the soldiers' home, the Army, the Navy, or the Public Health Service.

Take the soldiers' home, for example, at Dayton, Ohio. It is a magnificent home. They were making beds available for the care and treatment of war-risk patients. Now, we sent patients to Dayton. They have full charge, just as the Public Health Service has. We got word that great congestion and difficulty existed. Being responsible, as we happen to be now, under the act, we had the National Tuberculosis Association go out there, quite an independent body. We said, "Make a report on this thing." They went out there and made a report. We immediately ordered so many men out of that hospital, because they had, we will say, 90 men where 40 men ought to be. Now, it was not that the director of this bureau was doing that, and he was a layman. No; it was the fact that this condition existed; it was wrong; competent medical advice was secured, and when it was called to the attention of the Board of Managers of the National Soldiers' Home they corrected it instantly.

Now, I take, for instance, in our cooperation with the Public Health Service, we might hear of a hospital where there were complaints that they would leave or that they would run away or something else. We would get in touch with the Surgeon General immediately; he investigates it through his field services; makes a report, and if it confirms the criticism, he closes it. Now, I think that for instance, if it were necessary, as has been the case in the past, for the Surgeon General to order 30 men or 100 men out of a hospital, they might not be able to put them into another Public Health Service hospital for the minute. They might have to go into a national soldiers' home. We have got about 3,000 beds that will be available in the immediate future in the soldiers' homes. We are going to have 6,000 with——

Mr. **Parker** (interposing). I did not mean, Colonel, to put all the men under the Public Health Service. I intended by my question to imply that they would use all the other facilities they have got, but instead of coming to you when a man was sick, when he was receiving treatment from the Government, that all complaints and everything else would go to the health department until it was turned over by the other department; then he came back under your jurisdiction. That is the point I wanted to bring out; not to criticise at all.

Col. **Cholmeley-Jones**. No; I do not take it that way. For instance a man has been in five hospitals. The sixth hospital he goes into is a soldiers' home hospital, or a Public Health Service hospital. Now, that that man has arrived in that particular hospital, there is no one place where all the papers are centralized excepting at the bureau, because we would not send to the soldiers' home all the examination papers from the Public Health Service or from the Army or Navy, nor would we send to the Public Health Service all the papers from the soldiers' home or from the War and Navy hospitals.

Mr. **Dewalt**. Take this instance, Colonel. After examination, we will say, by the regional boards, and after the processes you have described, upon final determination an award is made of say $40 a month compensation. He is not satisfied with that; he thinks that his rating is too low; he asks for a review and then, according to the process you have outlined, it finally comes up to you for determination. That is correct, is it not? Is the man then during this entire time paid $40 per month or are these payments delayed until final determination by you?

Col. **Cholmeley-Jones**. Oh, no; as soon as the award is made, the instructions are given to have the check mailed to him. Then it is mailed once a month.

Mr. **Dewalt**. He still keeps the $40 per month?

Col. **Cholmeley-Jones**. Yes; until that award is changed.

Mr. **Dewalt**. In other words, the payments are not held in abeyance until final determination, but he gets $40 a month in any event?

Col. **Cholmeley-Jones**. That would be the final determination.

Mr. **Dewalt**. I do not quite understand you, Colonel.

Col. **Cholmeley-Jones**. I am sorry.

Mr. **Dewalt**. It is my fault, because I have not made it clear. I am presupposing that the man has been awarded $40 a month, and then it becomes unsatisfactory to him. Then he asks for a review, and then it goes through the process that you have already outlined, and finally comes up to you for final determination. Now, the question I have propounded is: Does he still get the $40 a month during this entire time?

Col. **Cholmeley-Jones**. Yes.

Mr. **Dewalt**. Even though there may not be an increase, he gets that?

Col. **Cholmeley-Jones**. He gets that. Now, it is conceivable that some one or two or fifteen or twenty cases, a man has not gotten it, but the policy is that the man gets that award until it is amended.

Mr. **Dewalt**. That is what I wanted to know.

Mr. **Rayburn**. I want to ask you, Colonel: The War Risk Bureau and the Public Health Service are under the Treasury Department; the Vocational Board, or Federal board, as they call it, is independent; it is not under anybody? One of the main questions we have got to determine here is what we are going to do with this thing, if this consolidation is made, and I think everybody is in favor of that sort of consolidation. You need not answer this question unless you want to or make any statement in reference to it. A bill is introduced which forms a new bureau entirely, called, I think, the soldiers' rehabilitation bureau, and places it in the Department of the Interior, as I remember it. What is your idea about the policy where this should be located?

Col. **Cholmeley-Jones**. Of course, I am prejudiced, Mr. Rayburn.

Mr. **Rayburn**. In other words, I think that everybody on this committee wants to do the thing that will be best for the disabled soldiers. That is what we are after. We want the service to him, and we think that in all probability he has not been getting the service that he could get under a new arrangement, and that is the reason why we are sitting here to-day. Therefore I think that your opinion with reference to that matter may be of some benefit to us, if you care to give it. I do not think it makes any difference to the soldier what this thing is called so that he gets the service, and I do not care what it is called, whether it is called War Risk Bureau, Public Health, Rehabilitation, or anything else, if he gets the service. But that is a question we have got to decide, and we would like to have your opinion about it.

Col. Cholmeley-Jones. Quite aside from the opinion expressed by the Secretary of the Treasury in his annual report, where he said in effect that both the Public Health Service and the Bureau of War Risk Insurance might well be transferred from the Treasury Department to another department, I am very much prejudiced in my opinion that the Public Health Service and the Bureau of War Risk Insurance had much better stay exactly where they are. In the first place, the Public Health Service and the Bureau of War Risk Insurance have been in the Treasury a very long time—certainly the Public Health Service has, and we have been there since we have been created for the last few years. All of the personnel of the Treasury Department dealing with the bureau, many of them permanent employees, are all familiar with the whole procedure, the history, the handling of all the papers. We are in immediate contact with the Comptroller of the Treasury, which is a very necessary thing; we are in very close touch with the auditor, because we are right there in the Treasury Department, and I see many advantages in being in the Treasury Department.

Mr. Rayburn. Where do you see a single advantage by putting it in the Interior Department or War Department or Labor Department?

Col. Cholmeley-Jones. I see no advantage in putting it in the Interior Department.

Mr. Parker. The underlying notion sometimes is to consolidate it with the Pension Bureau. I mean, is that not probably the underlying motive of putting it in the Interior Department?

Col. Cholmeley-Jones. I would gather from the exhibits that are printed in the record of the hearings before the Committee on Interstate and Foreign Commerce of the House dated January 7, that the Pension Bureau was very anxious indeed to have the Bureau of War Risk Insurance consolidated with them, or a part of it. But I do not think that the Director of the Bureau of War Risk Insurance or any other individual's personal likes and dislikes should be given much consideration.

Mr. Rayburn. That is just it. That is the reason I asked you. Let me ask you this question: The complaint that has been made with all of us, the legislature and the executive in charge of the disabled soldiers, has been the question of delay?

Col. Cholmeley-Jones. Yes, sir.

Mr. Rayburn. Don't you think that the reorganization when two of these departments are already under one executive department of the Government, functioning with their organization all there, don't you think in all probability it would entail quite a delay to organize a department to handle this matter de novo? It took quite a long while to organize the Bureau of War Risk Insurance, did it not?

Col. Cholmeley-Jones. Oh, yes.

Mr. Rayburn. It is not finished yet. I mean, we are still trying to pass laws to amend that, and don't you think that would be one serious thing that would confront us if we went to organize a new bureau entirely?

Col. Cholmeley-Jones. I see no advantage whatsoever in it. Assuming that the secretary of both departments were equally competent, I see no advantage whatsoever. And I see great advantage in leaving it exactly where it is. Certainly, Mr. Rayburn, leave them where they are until the new plan of organization, coordination, or consolidation is a certain success, and then you can take it up as you would a book or a barrel of flour, when it has been properly started and stick it in any shelf you want to.

Mr. Dewalt. Unless you proceed on the other theory that fools sometimes enter where angels fear to tread.

Col. Cholmeley-Jones. When you are causing this coordination on the one part and consolidation on the other part, then while it is going into effect, if you put it into another bureau it is not only like turning a somersault in the air but trying to go in two directions, this way and that way, at the same time.

I think really the difficulties are too great.

I think that the progress that has been made by the Bureau of War Risk Insurance, the Public Health Service, and the Rehabilitation Division of the Federal board is very great, and I think that the amount of treatment being rendered by the Public Health Service and the amount of education being given by the Federal board and the amount of work and payments being made daily and monthly by the Bureau of War Risk Insurance show that, in spite of criticism, these bureaus, if I may be permitted to say so, have done a phenomenal piece of work, and that really what we are doing now, or considering, is simply a further refinement of this thing, and to have the Public Health Service and the Bureau of War Risk Insurance or this new bureau, whatever it should be called, under the same Assistant Secretary, and then having the Rehabilitation Division of the Federal board and the Bureau of War Risk Insurance consolidated and call it any name that Congress may decide, and then have that new bureau representing the Rehabilitation Division and the War Risk Insurance Bureau under one Assistant Secretary, and then the Public Health Service running hospitals, not consolidated but only coordinated as being under the Assistant Secretary, you need very little legislation, and there would be precious little confusion.

Mr. Sweet. Following the suggestion which you have made, would that increase the expense of administering the departments?

Col. Cholmeley-Jones. I see a very radical economy.

Mr. Sweet. And would it increase the personnel?

Col. Cholmeley-Jones. It would materially reduce the personnel, in my opinion, because whereas now if we decentralize the Bureau of War Risk Insurance we have got to get separate and distinct personnel, while if we decentralize upon being consolidated with the Rehabilitation Division of the Federal board, we will certainly impose upon that personnel all of the tasks that are now performed by the Bureau of War Risk Insurance that it is physically possible for them to perform.

Mr. Sweet. They will not only perform their work, but they will assist in performing the work of the offices of the War Risk Insurance Bureau?

Col. Cholmeley-Jones. Yes; because it would be a common work. It would not be any feeling of "Oh, this is my job; this is your job; get off my territory; get over in your own territory." It would be a common job.

Take Mr. Lamkin, head of the Rehabilitation Board—he is head of the whole thing now—why, the cooperation that we have had there has been splendid. We are going practically as far as we can under the laws, and I think that if these things were consolidated the thing would just go on splendidly. We would not build up any more personnel and have any petty jealousies.

Mr. Sweet. The House is now in session. Some of the Members of the committee want to be on the floor of the House, and this committee will adjourn to meet to-morrow at 10 o'clock, and at that time we would like to have the director of the bureau return and also Col. Hallett and others who wish to be heard.

(Whereupon, at 11.20 o'clock a. m., the subcommittee adjourned to meet at 10 o'clock a. m., Thursday, Feb. 17, 1921.)

Subcommittee of the Committee on
Interstate and Foreign Commerce,
House of Representatives,
Thursday, February 17, 1921.

The subcommittee met at 10 o'clock a. m., Hon. Burton E. Sweet presiding.

Mr. Sweet. Gentlemen, we are now ready to continue our hearings on H. R. 14677, H. R. 14961, and other measures. Mr. Director, you may continue your statement.

STATEMENT OF COL. R. G. CHOLMELEY-JONES, DIRECTOR, BUREAU OF WAR RISK INSURANCE—Resumed.

Col. Cholmeley-Jones. We were discussing at the close of the last hearing, Mr. Chairman, the matter of decentralization of ratings and the work that would be done at these district offices by boards of examiners, both doctors and laymen, the point of view of the bureau being that the examination made in the field could be rated at the district offices, as to the medical disability; that is, the extent of the disease or injury; and then that rating, with the papers, would be sent to Washington for the purpose of determining whether or not it was in line of duty, whether or not there were any other records in the headquarters records showing that the man had been in and out of other hospitals, or his claim had been previously disallowed, and then to have the payments, in all probability, made from Washington and not from the district offices, certainly for the time being until we could determine whether or not the decentralization of ratings proves to be practicable, as I think it will.

Mr. Sweet. Mr. Director, in order that we may have a statement in the record as to expenditures in the bureau for the last year, I would like to ask you a few questions. What was the amount of the estimates which were submitted to Congress by the Secretary of the Treasury for expenditure for construction of hospitals to meet the imperative needs of the situation?

Col. Cholmeley-Jones. In reply to your question, Mr. Chairman, I might refer to a paragraph on page 213 of the Secretary of the Treasury's report to Congress, which reads, in part, as follows:

> The estimates which are being submitted to the Congress contemplate an expenditure of approximately $35,000,000 for the construction of hospitals to meet the imperative demands of the situation, and in my judgment this sum is by no means excessive to care for this real emergency and meet the obligation of the Federal Government. I earnestly urge that the Congress appropriate the necessary funds for this purpose at the earliest practicable moment.

Mr. Sweet. How much has been provided for in the Langley bill, which is known as the hospitalization bill?

Col. Cholmeley-Jones. A little more than $13,000,000 has been allowed for construction, and also in the Langley bill authority was given to the Secretary of the Treasury to enter into an agreement with New York State to lease, when completed, the hospital to be built by New York State. This would, of course, add another hospital worth $3,000,000, accommodating 1,000 mental cases. While it did not require any additional appropriation, because it would be paid in lieu of rents we are paying elsewhere, yet that would in effect give us another hospital and make that bill equivalent to a bill carrying sixteen or seventeen million dollars.

Mr. Sweet. How much has been provided in the sundry civil bill in the Senate for hospitalization?

Col. Cholmeley-Jones. In the sundry civil bill as passed by the Senate a little more than $18,000,000 has been allowed. They added to the thirteen million and some odd dollars, allowed in the Langley bill, the sum of $5,000,000 for the development of hospital facilities which are now owned by the Government.

Mr. Sweet. What was the amount of the estimate submitted to the Committee on Appropriations for the purpose of carrying on the Bureau of War Risk Insurance as to allotments and allowance, compensation and insurance; that is, aside from the hospitalization program.

Col. Cholmeley-Jones. You mean the construction program?

Mr. Sweet. Yes; that is, aside from this $35,000,000 that has been recommended by the Secretary of the Treasury.

Col. Cholmeley-Jones. For the current fiscal year we have an appropriation of $46,000,000 for the payment of the medical care and treatment and the furnishing of prosthetic appliances, artificial limbs, and so forth, and the transportation of these soldiers to and from hospitals and for the leasing of hospitals, and for the paying of fees to examining doctors, and so forth. At the rate we are now disbursing from that appropriation we will exhaust the $46,000,000 by the end of this current fiscal year. At the rate the patients are increasing, it is quite evident we will need not only $46,000,000 but more than $46,000,000 for the next year. The estimate as made by the Secretary of the Treasury to Congress for the next fiscal year was $50,000,000; really, a modest increase of $4,000,000 over the amount which we will expend this year. The amount allowed by the House, which has been confirmed by the Senate, is $33,000,000.

Mr. Sweet. That is in the sundry civil bill?

Col. Cholmeley-Jones. That is in the sundry civil bill. In my opinion it will be absolutely impossible to live within the $33,000,000 unless we absolutely refuse to take care of these men, and I think the only thing the department could do would be to assume that Congress approved of their creating a deficit, if in fact it becomes necessary to create a deficit, for the medical care and treatment of these beneficiaries under the war-risk act.

Mr. Sweet. And if such deficit is created, Congress would probably make up the deficiency.

Col. Cholmeley-Jones. It is to be hoped that they will do that, and I believe they would. Of course, it makes it rather difficult for the department to operate, because, while it is always the intent and purpose and effort of the department to economize to the utmost, yet when you have on hand a sum that is absolutely insufficient you are constantly inclined and apt to leave undone those things which in fact should be done.

Mr. Sweet. So it is your judgment that there should have been an appropriation of $50,000,000 for the coming year?

Col. Cholmeley-Jones. In my opinion, unquestionably there should have been that amount allowed. The Secretary of the Treasury addressed a communication to the Senate, when the bill was in the Senate, after it left the House, urging them most emphatically to increase it from $33,000,000 to the $50,000,000.

Mr. Sweet. You may submit that letter for the record.

(The letter referred to follows:)

BUREAU OF WAR RISK INSURANCE.

Page 18. line 20. strike out "$33,000,000 and substitute "$50,000,000."

The estimate for appropriations made by the department for the payment of medical and hospital services, including medical examinations, funeral expenses, traveling expenses, and supplies, as provided for in the war-risk insurance act, for the fiscal year 1922, has been cut from $50,000,000 to $33,000,000.

It is inconceivable that an appropriation of $33,000,000 will be sufficient to cover the expenditures under this section of the war-risk insurance act for the fiscal year 1922, since the expenditures for the current fiscal year will be approximately $46,000,000.

It is estimated that the average daily number of ex-service men and women receiving hospital medical care and treatment during the fiscal year 1922 will be 30.000, which is very much in excess of the average daily number of patients receiving hospital care and treatment during the current fiscal year.

The number of ex-service men and women requiring hospitalization, medical care, and treatment, as provided for under the war-risk insurance act, is increasing steadily. At the present time there are approximately 23,000 ex-service men and women, beneficiaries under the war-risk insurance act, who are receiving governmental hospital medical care and treatment, as compared with 17,471 receiving governmental hospital medical care and treatment, as of July 1, 1920, being the beginning of this current fiscal year.

With a total of 17,471, being hospitalized as of July 1, 1920, increasing to 23,000, January 1, 1921, and based upon a continued increase at the same ratio, there will be approximately 30,000 war risk beneficiaries receiving governmental hospitalization as of June 30, 1921, and there will be an expenditure for governmental medical and hospital services of approximately $46,000,000.

On the expectancy that there will be 30,000 war risk patients in hospitals as of July 1, 1921, and without considering a further increase during the next fiscal year, it is perfectly clear that an appropriation, not only in excess of the $33,000,000 allowed, will be necessary, but an appropriation in excess of the appropriation of $46,000,000 allowed for the current fiscal year.

It is estimated that the average cost per day for the care and treatment of war risk patients in hospitals is between $3 and $3.50 each. This is exclusive of all other expenditures incident to the medical and hospital services rendered war risk patients as provided for under the war risk insurance act.

Therefore, the appropriation of $33,000,000 will be insufficient to cover the actual hospitalization of 30,000 war risk patients without taking into consideration the tens of thousands of physical examinations made necessary to determine the necessity of providing hospital care and treatment for war risk patients, and also for determining the extent of the man's disability for the purpose of making an award of compensation or insurance, as specifically provided for in the war risk insurance act and amendments thereto.

Expenditures made by the Bureau of War Risk Insurance for transportation, traveling expenses, burial awards, physical examinations, and specialistic treatment, including X rays, operations, etc., amount to more than $2,000,000 a year, and for the fiscal year 1922 it is estimated that $2,250,000 will be required for these services alone.

Since the physical examinations of war risk patients are performed through the field organization of the United States Public Health Service, the cost of the administration of 14 regional offices, including personnel, rent, and other necessary charges, are correct charges against the appropriation for medical and hospital services of patients of the Bureau of War Risk Insurance, and the average monthly expenditure for the maintenance of this necessary field organization is approximately $1,000,000, or $12,000,000 for the current fiscal year.

There are in addition certain extraordinary expenditures made by the United States Public Health Service, which are indispensably necessary in the hospitalization, medical care, and treatment of war risk patients, such as the cost of opening of new hospitals, repairs to leased properties, erection of portable houses turned over to the Treasury Department by the War Department, purveying depot supplies, freight, transportation, and traveling expenses, operating expenses of the Washington office of the Hospital Division, which expenditures for the current fiscal year will total approximately $5,000,000.

To review the original estimate of $50,000,000, as proposed by the department, and to emphasize the urgency of having this item restored, I submit the following tabulation, showing the probable cost for medical and hospital services, including medical examinations, funeral expenses, traveling expenses, supplies, and maintenance of the United States Public Health Service district offices:

For the fiscal year 1922.

30,000 patients, at $3.50 per day	$38, 325, 000
Expenditures by the Bureau of War Risk Insurance for physical examinations, transportation, traveling expenses, burial awards, specialistic hospital services, including X rays, operations, etc	2, 250, 000
Administrative cost of United States Public Health Service field organization, including 14 regional offices necessary for the physical examinations, hospitalization, medical care, and treatment of war risk patients	12, 000, 000
For operting expenses of Washington offices of Hospital Division of the United States Public Health Service for the opening of new hospitals, the operation of purveying depot, supplies, repairs to leased properties, portable houses, freight, transportation, and traveling expenses	5, 000, 000
Total	57, 575, 000

I have deliberately reduced these estimated expenditures of $57,575.000 for the fiscal year 1922 to $50,000,000, believing by rigid economy and continued improvement in the service and a further coordination of the activities of the United States Public Health Service and the Bureau of War Risk Insurance that an appropriation of $50,000,000 for the fiscal year 1922 might be made sufficient.

It is my conviction that it would be dangerous to an extreme degree to handicap the Government's medical service to the disabled veterans of the war by limiting the appropriation for these necessary expenditures, and I most urgently request that the original estimate of $50,000.000 be restored.

Mr. **Dewalt**. Do I understand that this $33,000,000 includes the amount for expenditure for allotments and compensation?

Col. **Cholmeley-Jones**. No; as to the compensation, we asked for $160,000,000 and were allowed $125,000,000, but were also allowed to use the unexpended balance of the appropriation for last year, which brings it up, approximately, to $149,000,000 or $150,000,000; so that so far as that item is concerned I think it is reasonably safe.

Mr. **Dewalt**. How about the allotments?

Col. **Cholmeley-Jones**. As to the allotments, we asked for no appropriation, but only asked the privilege of using the unexpended balance.

Mr. **Dewalt**. Which amounts to how much?

Col. **Cholmeley-Jones**. That amounts at the present time to $24,416,175.49 as of February 5.

Mr. **Dewalt**. In your opinion, Colonel, is that sufficient to meet your needs for the coming year in so far as allotments and compensation are concerned?

Col. **Cholmeley-Jones**. Yes, sir; the items for construction, in my opinion, are insufficient, and the amount appropriated for the hospitalization, medical care, and treatment of patients, $33,000,000, is insufficient.

Mr. **Dewalt**. There is one further thought, and that is as to the question of the appropriation for insurance.

Col. **Cholmeley-Jones**. We asked for no appropriation for the payment of insurance claims for this reason: The amount of money collected during the war and to date on the war risk term insurance amounts to a trifle more than $200,000,000. We have, as of February 5, a balance of $191,065,885.05, out of which sum we pay the claims. The liability against that balance is more than $1,209,390,607——

Mr. **Dewalt** (interposing). But that is a contingent liability.

Col. **Cholmeley-Jones**. That is a contingent liability going over a period of 20 years, so we are not putting in an estimate until there is a deficiency.

Mr. **Dewalt**. In other words, the amount that you have on hand from the collections on your policies is sufficient to meet the payments necessary from time to time, unless a contingency may arise through some extraordinary circumstance; is that so?

Col. **Cholmeley-Jones**. No; that is not quite the case.

Mr. **Dewalt**. Then state it as you think it ought to be stated.

Col. **Cholmeley-Jones**. The exact liability is more than $1,209,390,607. Those are obligations that the Government will have to pay over a term of 20 years; but that only means the payment of so much a year, so that we are paying the obligations of this year and next year, and so far thereafter as possible, out of the premium collections which we have already collected.

Mr. **Dewalt**. One thought occurs there, and that is that your premium collections, however, will be contingent, will they not?

Col. **Cholmeley-Jones**. Yes; but the premiums we collect now on term insurance are approximately just sufficient to pay for the death losses or the disability claims that happen from day to day, because it is on an actuarial basis, and these other claims I speak of are claims that happened during the war.

Mr. **Sweet**. What is the amount of the estimate of the Bureau of War Risk Insurance to carry on the administrative features of the bureau?

Col. **Cholmeley-Jones**. The estimate was a trifle more than $8,000,000 under the item "Salaries and expenses," and there is an allowance of $6,000,000 which, in my opinion, will not be sufficient. The bureau, during my administration as director, has had more than 15,000 employees. We have reduced the personnel to less than 6,000. It is down to about 5,800. In boiling it down to that extent, in face of the fact we have got as heavy a load as the bureau ever had, in fact it is heavier, shows that we are getting out a great deal of work on a very reduced personnel. It is not my contention that the number of personnel of the bureau can not be further reduced, because we are reducing daily, just as far as we can, consistent with the efficient service of the bureau.

Mr. **Sweet**. How much of a reduction will it be necessary for you to make to keep within $6,000,000?

Col. **Cholmeley-Jones**. We will have to have on July 1, 1921, 4,000 employees, and an average of 4,000 during the next fiscal year. This would mean that between now and July 1, either on the last day of June or in the interim, we will have to reduce the personnel about 1,600 more, which, in my opinion, would destroy the successful operation of the bureau. In the legislative, executive, and judicial bill there is put on what seems to me to be a very unfortunate limitation to the effect that we may only have 266 employees in the bureau whose salaries are more than $1,800. At the present time we have approximately 460.

This includes doctors and includes examiners and reviewers, and includes assistant directors, and includes the legal department. It includes all the heads of the subsections and divisions, and with a bureau of that magnitude and carrying on the volume of work and work of the particular character of importance that we are obliged to handle, it is my opinion that it would be a very serious thing, indeed, to be obliged to limit the employing in the bureau of people who are competent to carry on that work, and if you limit the salaries and the number of people we can have above the $1,800, only one of two things can happen, either the men who are there now will accept a reduction in salary, and if they do, you know what we would all think of them, and if they do not, they will have to resign or be dropped automatically, and that means we will have to get an inferior class of personnel to do this very important work.

Mr. **Sweet**. What is the average salary of your examiners at the present time?

Col. **Cholmeley-Jones**. They are all employed, with very, very few exceptions, under the civil-service rules and regulations. The entrance salary for an examiner is $1,800, and the maximum salary is $2,000. That would mean in the examiners, for instance, that we could enter them at $1,800, but we would not be able to increase their pay at all; we would have to keep them there at $1,800 indefinitely. It is not a very healthy frame of mind for an employee to be in, to accept a job at a certain sum and know that he will never have any opportunity for promotion.

Mr. Sweet. To get the matter of the number of employees in the bureau and the reductions made clearly before us, about how many employees were there in the bureau in March, 1919?

Col. Cholmeley-Jones. In March, 1919, there were a little more than 17,000 employees.

Mr. Sweet. And how many were there in March, 1920, a year later?

Col. Cholmeley-Jones. About 14,000, my memory would say.

Mr. Sweet. How many are there at the present time—5,800, as I recollect, but I want to get it clear in the record?

Col. Cholmeley-Jones. The exact number as of February 3 was 5,783. That includes everybody.

Mr. Rayburn. Does that just include the bureau here, or everybody in the service?

Col. Cholmeley-Jones. Everybody in the service; the field and here, too.

Mr. Rayburn. How many have you in the field?

Col. Cholmeley-Jones. We have only about 125 in the field. We have practically no field organization to speak of.

Mr. Sweet. How many boards have you established in the Bureau of War Risk Insurance for the purpose of rating as to compensation?

Col. Cholmeley-Jones. A case is first given a rating by the doctors to show the extent of the physical disability. It then goes to the examiner, in the compensation and claims division, who gives attention to other features of the case provided for by the law, and they add a certain percentage to the rating. The matter, for instance, of dependent relatives.

Mr. Sweet. I will put that in another way. About how many of your personnel are engaged in this work of examining for the purpose of rating for compensation? I wish to get that information in view of the fact that we may establish boards at regional offices for the purpose of making ratings for compensation.

Col. Cholmeley-Jones. We have 278 examiners and reviewers. That does not include the clerical personnel working in those units. We have approximately 80 doctors employed on the ratings in the department. That would mean a total of 358 persons engaged on the problem of rating; that does not include the clerical personnel, the stenographers, typists, file clerks, and so forth. That is all a very high-class type of personnel, and the salaries which we pay are salaries authorized and approved by the Civil Service Commission. The 358 which are in those two classes alone will have to be reduced to 266 next year, without considering the other specialized employees or personnel of the bureau.

Mr. Dewalt. The people under civil service get the bonus?

Col. Cholmeley-Jones. Last year the personnel of the Bureau of War Risk Insurance who were entitled to the bonus, those who received under $2,500, received $120 bonus, while employees in the other bureaus and departments of the Government, I am advised, got $240. It is an unfortunate distinction. This year there is a provision now before Congress—it left the Senate, I understand—which allows $240 for the employees of all bureaus except the War Risk Insurance Bureau, where they are to get $120 bonus.

Personally I can not quite understand why the employees of the War Risk Insurance Bureau should be treated differently than the employees of all other bureaus, since we are under the same limitation of the civil service as the other bureaus. It is very injurious to the morale. The employees leave because they can go to some other office at the same rate of pay and get the bonus of $240, which is considerable when their salary is small. I feel that they are equally entitled to it in the bureau.

Mr. Dewalt. Was there any reason, so far as you know, for this distinction?

Col. Cholmeley-Jones. I think the cause originated some considerable time past, when the bureau had a large number of employees engaged as special experts, and then when the limitation of $120 was put on the Bureau of War Risk Insurance employees the theory was that we had increased their salaries sufficiently to make up for the loss of $120, although that is not the fact. Our average pay, I am advised, is less than that in many of other bureaus of the Government. It is unfortunate that that limitation should continue.

Mr. Dewalt. It works out just as you say, the people are quite anxious to leave your bureau and go to another department at an equal salary, but where they get the $240 bonus?

Col. Cholmeley-Jones. Exactly. They do that in large numbers.

Mr. Rayburn. Is the same limitation going to apply?

Col. Cholmeley-Jones. Yes, sir.

Mr. Rayburn. They get $120 bonus?

Col. Cholmeley-Jones. Yes, sir. In the committee of the House, if my memory is correct, they were very emphatic in their belief that the bonus should be uniform throughout the service of the Government and that the Bureau of War Risk Insurance should get the same standard bonus as paid to the employees of any other bureau of the Government. I think the change has been made in the Senate.

BUREAU OF WAR RISK INSURANCE.

Page 42, lines 16 to 25, inclusive, and page 43, lines 1 to 20, inclusive:

I desire to invite your attention to certain vital matters in connection with H. R. 15543 as passed by the House of Representatives under date of January 14, 1921, as those matters affect the future work of the Bureau of War Risk Insurance and the carrying out of the established obligations of the Government to those who served and suffered in the World War.

The allowance of $6,000,000 made by the House of Representatives for salary expenditure will, in the opinion of the Director of the Bureau of War Risk Insurance, in which opinion I concur, be inadequate to meet the salaries necessary in the Bureau of War Risk Insurance for the fiscal year 1922.

A very large reduction in the personnel of this bureau has already been made. This reduction will continue just as rapidly as is consistent with the efficient operation of the affairs of the bureau, and, of course, in accordance with any appropriations which may be authorized by the Congress. Refer especially to that part of H. R. 15543 placing certain statutory limitations upon the apportionment of personnel that may be employed at various salary grades in excess of $1,800, to wit: Three not exceeding $7,500 each; 5 not exceeding $5,000 each; 6 not exceeding $4,500 each; 20 not exceeding $4,000 each; 16 not exceeding $3,500 each; 26 not exceeding $3,000 each; 30 not exceeding $2,500 each; 150 not exceeding $2,000 each.

In order that the situation may be clearly reviewed, for your further consideration I list below the number of persons employed in the Bureau of War Risk Insurance receiving salaries in excess of $1,800 per annum at the present time in order to compare it with the statutory limitations sought to be fixed in H. R. 15543 as passed by the House of Representatives covering the fiscal year beginning July 1, 1921:

Employees of the Bureau of War Risk Insurance receiving salaries in excess of $1,800 per annum as of Jan. 10, 1921.

Employees as of Jan. 10, 1921.				Employees authorized by H. R. 15543.		
Number.	Salary grade.	Designation.	Annual salary.	Number.	Salary grade.	Total annual salary (maximum).
2	$7,500	Director; general counsel	$15,000	3	[1] $7,500	$22,500
1	7,000	Assistant director and medical advisor	7,000			
4	6,000	Assistant directors	24,000	None.		
1	5,500	Associate counsel	5,500	None.		
5	5,000	Chiefs and medical referee	25,000	5	[1] 5,000	25,000
1	5,000	Staff assistant to director	5,000	None.		
2	4,750	Associate counsels	9,500	None.		
13	4,100	Medical referees	54,800	16	[1] 4,500	72,000
	4,500	Associate counsel				
20	3,850	Medical referees	79,700	20	[1] 4,000	80,000
	4,000	Associate counsels, etc				
1	3,600	Assistant to Director	3,600	None.		
1	3,600	Attorney	3,600	None.		
10	3,600	Medical referees	36,000	None.		
16	3,250	do	54,750	16	[1] 3,500	56,000
	3,500	Chiefs, etc				
4	3,250	Medical referees	13,000	None.		
1	3,240	Medical referee	3,240	None.		
26	3,000	Special field representatives, etc	78,000	26	[1] 3,000	78,000
16	3,000	Medical referees	48,000	None.		
1	3,000	Chief reviewer	3,000	None.		
2	3,000	Claims examiners	6,000	None.		
1	2,900	Chief of section	2,900	None.		
7	2,890	Medical referees	20,230	None.		
1	2,850	Chief of section	2,850	None.		
1	2,800	Assistant to chief	2,800	None.		
16	2,750	Attorneys, etc	44,000	None.		
2	2,650	Attorneys and medical referee	5,300	None.		
1	2,600	Chief of section	2,600	None.		
30	2,400	Claims examiners	73,550	30	[1] 2,500	75,000
	2,500	Reviewers, etc				
28	2,400	Special field representatives	67,200	None.		
5	2,400	Claims examiners, etc	12,000	None.		
1	2,300	Chief of section	2,300	None.		
1	2,290	Reviewer	2,290	None.		
30	2,250	Reviewers of claims, chiefs, etc	67,500	None.		
1	2,220	Assistant chief	2,220	None.		
13	2,200	Claims examiners, etc	28,600	None.		
1	2,170	Chief of section	2,170	None.		
1	2,160	do	2,160	None.		
1	2,150	Claims examiner	2,150	None.		
4	2,120	Attorneys, chiefs, etc	8,480	None.		
2	2,050	Executive clerk and secretary	4,100	None.		
5	2,040	Assistant field representative, statisticians, etc	10,200	None.		
176	1,820 2,000	Claims examiners, supervisors, correspondence clerks, chiefs, etc	339,900	150	[1] 2,000	300,000
455		Bureau total	1,180,190	266		[2] 708,500

[1] Not exceeding.

[2] Authorized by bill.

While the department is desirous of operating the Bureau of War Risk Insurance at a minimum cost, it is inconceivable that it can be properly administered within the statutory limitations included in H. R. 15543. By virtue of the work imposed upon the bureau it is very essential that the persons employed be thoroughly competent to properly administer and execute the duties imposed upon them by the general provisions of the war risk insurance act and its subsequent amendments. Much of the work requires the services of highly trained specialists.

In the Compensation and Insurance Claims Division alone there are 163 persons, each of whom now receives a salary in excess of $1,800 per annum. The employees in this division are to the number of 96.9 per cent employees who have taken the special technical examinations prescribed by the Civil Service Commission and have qualified for the technical work which they are now performing. The majority of these employees are experienced attorneys. I do not believe that it would be fair or administratively practicable to reduce the pay of these employees who have thus qualified under civil-service rules and been appointed for certain salaries; nor do I believe that it would be in the best interests of the service should this specialized work be performed by personnel receiving pay not fairly commensurate with duties performed. The best expert personnel under the statutory limitations prescribed could not be retained for this highly technical work, which is so vitally connected with the welfare of all disabled soldiers, sailors, and marines, veterans of the World War.

In the Medical Division of the bureau there are 77 persons who are receiving salaries in excess of $1,800 per annum.

Certainly there is no more highly technical work to be performed than by the physicians who daily diagnose and rate disabilities and give opinions as to diagnosis and prognosis and advice as to hospitalization relative to the claims of disabled soldiers that may come before the bureau for attention. Many of these claims are of a most complicated character, where errors would cause inestimable injustice and loss either to the claimants or to the Government. I believe that a policy which would result in the elimination of the highly trained personnel would be most unwise and would result in distress to the soldiers, who might be the recipients of erroneous opinions not given by qualified experts. I do not believe that the Congress would knowingly bring about incompetency and inefficiency, particularly in a matter of this character.

Based upon the salaries paid to medical officers of the United States Public Health Service, I approved the schedule of salaries to be paid to the medical personnel of the Bureau of War Risk Insurance, which schedule is as follows:

Office.	Minimum.	Maximum.
Chief medical advisor	$6,000	$7,000
Assistant chief medical advisor	5,000	6,000
Chief of section (administrative; surgery; general medicine; tuberculosis; neuropsychiatric; eye, ear, nose, throat; dental; insurance medical; foreign relations; statistical)	4,500	6,000
Members medical board of review	4,500	6,000
Medical member board of appeals	4,500	6,000
Assistant chief of section	4,000	4,500
Medical referee	3,600	4,000
Assistant medical referee	3,000	3,000

To rescind or abrogate the schedule of salaries established for the medical personnel in the Bureau of War Risk Insurance by adhering to the statutory limitation proposed for salaries would react disastrously upon the work which the bureau is called upon to perform.

There are now employed in the Insurance Division of the Bureau of War Risk Insurance 44 persons receivng salaries in excess of $1,800 per annum. All persons so employed are experts in their particular work. I venture to say that there is not a private insurance company of the size and proportions obtaining in the Insurance Division of the Bureau of War Risk Insurance whose operating expense is nearly so low as that of the Bureau of War Risk Insurance.

There are employed in the Legal Divsion of the bureau 32 persons receiving salaries in excess of $1,800 per annum. All persons employed are experienced attorneys and their work consists in passing upon all legal problems of the bureau, as well as passing upon all regulations from a legal viewpoint, issued under the war risk insurance act.

It will be noted that the number of employees now in the Compensation and Insurance Claims Division, Medical Divison, Insurance Division, and the Legal Divison of the Bureau of War Risk Insurance now receiving more than $1,800 per annum is in excess of the number that would be allowed if the statutory restrictions contained in H. R. 15543 were made effective. Certainly these four divisions in themselves represent the most vital work of the bureau that should not, under any consideration, be impared.

What has been said of the experts and the necessity for such experts in the four divsions above mentioned applies of necessity to the other divisions of the bureau, where there are persons receivng salaries in excess of $1,800 per annum.

I would also invite your attention to the following provison in the bill:

"*Provided further*, That no part of this sum shall be expended for salaries or expenses in soliciting the reinstatement of lapsed insurance."

There is much doubt, such as expressed on the floor of the House at the time of its consideration, whether this provision would not prohibit the production and issuance of printed matter setting forth the conditions of reinstatement, and whether it would not prohibit any employee of the Bureau of War Risk Insurance from discussing reinstatement, or assisting any ex-service person or veterans' organization in the reinstatement of lapsed insurance, except in reply to specific letters or inquiries requesting such information. It would also hinder the conversion of insurance by reason of the fact that the reinstatement of insurance, in a very large number of cases, is the predicate for the conversion of insurance. That is to say, in the cases where it has been permitted to lapse the insurance must be reinstated in order to be converted. Moreover, to place such a limitation upon the activites of the Bureau of War Risk Insurance relative to reinstatement of lapsed insurance, when fully 75 per cent of ex-service men and women are not aware of their rights, would not be in keeping with the purposes of the war risk insurance act.

It is hoped, with the exercise of the strictest economy, that it will be possible for the bureau to operate on the amounts allowed by H. R. 15543 for stationery and minor office supplies, namely, $250,000, and printing and binding, $250,000; but it is urged that the amount provided by H. R. 15543 for furniture, equipment, and supplies be increased from $100,000 to the original estimate of $175,000. A large portion of this amount is required for the purchase of file cabinets to contain the constantly increasing correspondence and records of the bureau, and for the purchase of addressograph and other supplies. The balance of the item would be used largely in the purchase of labor-saving devices, and it seems inadvisable to economize on the purchase of such labor-saving devices at the expense of salaries; in other words, it is cheaper to purchase machinery to do certain work, with a reduced personnel, than to employ a larger personnel to do the work by hand.

In the opinion of the department it will be impossible for the bureau to operate efficiently on the item of $30,000 for "miscellaneous expenses." This item covers expenditures for rental of telephone equipment and telephone tolls, telegraph service, books of reference, periodicals, etc., street car tickets, postage on foreign mail, freight and express, gasoline and oils for trucks, and miscellaneous items, such as maps, etc. Most of these charges are fixed, particularly telephone rentals, foreign postage, and freight and express, which of themselves amount to more than $30,000. The charges for rental of automatic and manual telephone equipment are fixed by the Public Utilities Commission and are included in the contracts of the General Supply Committee. It is urgently recommended that this item be increased to $50,000.

It is extremely important that the "Item for field investigation" be increased from $500,000 to $1,500,000. The matter of administering the several features of the war risk insurance act necessitates personal contact with certain beneficiaries under the act. The personal contact with the beneficiary and his or her domestic relations are essential points to be considered in the administration of the act, and facts with regard to them can be ascertained only by personal investigation in a large number of cases. It is believed that the saving due to the reduction of this item will be more than offset by increased expenditures for military and naval compensation, allotment, and allowance, and in payment of insurance claims which could and should in many cases be reduced in the light of thorough, personal investigation. It has not been administratively possible to investigate the large number of claims for compensation and insurance awarded or disallowed which should have investigation. It is believed that such a procedure should be followed in justice to the claimant as well as to the Government. The compensation feature of the war risk insurance act does not provide payments as mere service gratuity, but compensation proportionate to the nature and degree of the disability suffered. Awards of compensation call for constant readjustment. The information forming the basis for such readjustment of an award must be obtained by personal contact with the beneficiary.

H. R. 15543 eliminates entirely the item of $400,000 for additional Peirce accounting machine equipment. This equipment is a carefully studied system for the mechanical issuance and accounting of premium notices and receipts. The life of such machines with ordinary repairs is indefinite, and the services of at least 150 clerks, receiving salaries amounting to approximately $200,000 a year, would be saved through the successful operation of these machines. The equipment already procured is not sufficient to handle the volume of business the bureau has at the present time, and it is dangerous to install these machines to handle a part of the work. Should any of the present machines be broken or damaged, the work would be held up until they could be repaired, or the present organization again built up and put into operation. It seems, therefore, that the present equipment should be increased, or else value will not be derived from the equipemnt now on hand in the Bureau of War Risk Insurance.

For the reasons above enumerated may I not urgently request that the statutory limitations relative to salaries in the Bureau of War Risk Insurance be extended and that the original estimates be restored as concerns other items menioned?

STATEMENT OF COL. R. H. HALLETT, ASSISTANT DIRECTOR, BUREAU OF WAR RISK INSURANCE.

Col. HALLETT. I think I can only repeat what the director has said. I do want to draw out the fact that there are two bills here, and perhaps differentiate a little bit between the two. For the purpose of brevity I think, perhaps, instead of referring to them by numbers it might be well to tag them with names, and let me call the first bill that was introduced by Mr. Rogers, the Rogers bill, and the second bill which was introduced by him as the legion bill, because at the preceding hearing, when the members of the American Legion appeared, they seemed to be more in favor of the second bill.

The main distinction between the two bills is in the treatment of the United States Public Health Service. In the Rogers bill there is a minimum of effect upon the United States Public Health Service. There is a considerable cutting up of the present United States Public Health Service in the legion bill. It has been my experience, from observing the work of the Public Health Service as it affects the Bureau of War Risk Insurance, that their work might be very clearly divided into two classes—first, the work of procuring examinations, and with that the distribution to the hospitals, and, second, the actual running of the hospitals themselves.

In the district offices I would say that about 90 per cent of the work of the Public Health Service is bureau work, and probably larger than that if you consider the work of the Vocational Board also as bureau work, because for some time now, whenever an examination is secured by the United States Public Health Service district office for either one of the bureaus the result of that examination is also utilized by the other bureau. A large proportion of the work in that office is of a purely clerical nature—it is rather difficult to state any particular percentage, but it is much higher than 50 per cent. In other words, they are acting practically as nothing but a routing agency for the Vocational Board and the Bureau of War Risk Insurance to secure the information desired by those two agencies. The actual work of conducting the examinations is a comparatively small part of the work, and while it is in one sense of the word distinctly medical it is in another sense also partly clerical. It would seem, if the consolidation provided for in the Rogers bill were adopted, that this clerical work could be divorced very simply and easily from the Public Health Service without in any way disrupting the main features of their work—the distinct medical character of their work—and could be put over in the new bureau and handled by it.

The result of that would be to place the control of the agents responsible for securing the information needed and desired by the head of the bureau under that particular individual rather than having it under the head of another individual in an entirely separate department as it is at the present time. The responsibility and control would thereby be unified. The purely medical feature of running a hospital strikes me as such a large problem that it would be a great mistake to mix that up with the intricate details and responsibilities which the head of this particular bureau would have on his shoulders. Then, too, from the fact that you have no single medical agency in the Government large enough to handle the whole of that problem at the present time, no matter what may happen in the future, it seems to me that the best thing that you can do for the head of this new bureau is to put the responsibility distinctly on his shoulders. He will be responsible for the disabled soldiers of the United States, for securing the proper medical treatment, wherever he can secure it, and then allow the governmental medical agencies, without adding thereto by trying to create another one, allow those agencies to get whatever facilities they can and allow him to use those to the very limit.

In both bills there is mention of the old soldiers' homes, and in neither bill is there any attempt to cut off from the old soldiers' homes the hospital and medical end of their business and turn it over to the new bureau. It seems to me it would be just as logical to say, if you are going to try to divorce the hospitals from the United States Public Health Service, that you should say, " We will divorce from the old soldiers' homes all their medical functions and turn them also over to this new bureau." As I see the problem, there is one individual that the United States Government is responsible for—that is, the disabled soldier. The United States Government is responsible for the soldier in three distinct matters, the securing of proper compensation or money for that man, the securing of a proper education, if education is feasible and necessary, and the securing of proper hospital treatment.

Mr. Dewalt. Will you permit me to interrupt you?

Col. Hallett. Certainly.

Mr. Dewalt. Col. Jones told us, according to my recollection—and if I am mistaken he will correct me—that as soon as a soldier was taken to the soliders' home hospital that the bureau lost all jurisdiction over him?

Col. Cholmeley-Jones. To the extent of his care and treatment while in the hospital.

Mr. Dewalt. Yes, sir.

Col. Cholmeley-Jones. If it becomes necessary to move him to Johns Hopkins Hospital or some other hospital for special treatment, we would move him.

Mr. Dewalt. But while he was in the soldiers' home hospital?

Col. Cholmeley-Jones. He would abide by the administration of the hospital as to discipline, treatment, care, and everything.

Mr. Dewalt. Is it your idea that the jurisdiction of the bureau should still remain, although he is in the soldiers' home hospital?

Col. Hallett. Only so far as the jurisdiction of the United States Government is to see that he secures proper treatment. As long as he is in a hospital, private, old soldiers' home, Army, Navy, or United States Public Health Service, he remains under the jurisdiction of those particular agencies, so far as rules and regulations of the institutions go, so far as the medical judgment as to the character of the treatment that he should receive in that institution. If, on the other hand, there is a complaint received by the head of this new bureau as to the character of the institution in which that particular soldier is located, the head of the bureau should have the right, I believe, to make his inspection to see whether or not the complaint is warranted, and if it is he should have the power to transfer that man out of that hospital, perhaps, taking all the men out of that hospital, if necessary, and transferring them to a hospital where those conditions do not obtain.

Mr. Rayburn. As I understood the director's statement on that, it was that you have been just going over the situation that he would like to see corrected—not as it is now?

Col. Cholmeley-Jones. Yes, sir; that is right.

Col. Hallett. Yes, sir.

Mr. Dewalt. I understood it that way. Pardon me for the interruption.

Col. Hallett. I think the putting under the new director of the added responsibilities of securing and running, actually running hospitals and not at the same time forcing him to use other agencies, is going to add very materially to the confusion without solving the particular problem. If at some future date the Government could secure sufficient governmental agencies under one head and it was found that the medical agency was treating solely the soldiers it might be well, and perhaps possible, to then take and transfer that to this new bureau, if it was believed proper, but I think that is looking too far into the future. At the present time I believe it is much better to put the responsibility on the director of the bureau for securing proper treatment, wherever he can, governmental facilities to be preferred, but lacking those, private facilities, and leaving the responsibility for running the medical end of it in the medical agencies we now have. That would make a minimum of confusion and create, I believe, an ideal situation.

Mr. Sweet. In other words, at the present time it is necessary for the Bureau of War Risk Insurance, in order to get the proper care and treatment of patients, to have that service performed by some agency?

Col. Hallett. Yes, sir.

Mr. Sweet. As far as care and treatment are concerned and the rules and regulations in connection with the hospitals in which the disabled soldiers are placed that should be under the direct supervision and care of the Public Health Service, and if there is a complaint as to the service that is being rendered, that is for the Director of the Bureau of War Risk Insurance to look into, and if they are not getting proper care, in that event, to have authority to make a change?

Col. Hallett. Yes, sir.

Mr. Dewalt. Right in that connection—it may be a little far afield—certain hospitals throughout the country are designated for the care of these soldiers. When I say " certain hospitals," I mean hospitals like the one in the city in which I live, Allentown. By whose authority is that hospital designated?

Col. **Hallett.** That is a little bit out of my line. I could only answer by hearsay; I think it was probably designated by the Public Health Service.

Mr. **Dewalt.** Is that correct, Colonel?

Col. **Cholmeley-Jones.** Yes, sir.

Mr. **Dewalt.** These hospitals receive pay, of course, for the care of these patients. Do any of you gentlemen know how that pay is regulated—how the amount is fixed?

Col. **Hallett.** I imagine that is what is called a contract hospital, and the pay is fixed by contract, but how they arrive at the per diem rate, or whatever it is, I do not know.

Mr. **Dewalt.** It does not in any way militate against the soldier—it is not at his expense?

Col. **Hallett.** No; it is not at his expense. It does militate against the soldier, because of the fact that they are scattered among so many private contract hospitals throughout the country that it is impossible to maintain a proper inspection service of those at the present time, but that comes in in connection with the hospital program.

Col. **Cholmeley-Jones.** I should like to answer that a little further. The Public Health Service in getting additional facilities makes contracts with these hospitals, as in the case of the hospital which you have mentioned, and they agree by contract to pay $2, $2.50, $3, or whatever the rate may be, per patient that the War Risk Insurance Bureau cares for in the hospital. There are certain additional expenses which are allowed, such as for anesthetics, X ray, and the cost of operations, in addition to the per diem cost. That is the form of contract which the Public Health Service has with these private institutions. Then, the other type of hospital is where the Public Health Service will lease the entire property and run it.

Mr. **Dewalt.** That is like the instance in New York City which you referred to a moment ago?

Col. **Cholmeley-Jones.** Yes, sir.

Mr. **Dewalt.** That is the reason I made the inquiry. In the Allentown hospital, I understand, the soldiers there under care and treatment are under the contractual relation between the Government and the hospital, the hospital receiving the actual per diem cost of the care of the patient, with the addition, as you have said, for extra services, such as the anesthetics, etc.?

Col. **Cholmeley-Jones.** We have found, and the Public Health Service has also found, that in some of the private hospitals scattered in different parts of the United States they have called upon the patient to pay in addition to the amount paid by the Government, which is really a violation of the contract.

Mr. **Dewalt.** That is what I was trying to get at when I said militate against the soldier.

Col. **Cholmeley-Jones.** The Public Health Service has been very vigilant in pursuing such a condition and taking the patients out of the hospital and canceling the contract. Of course, those things happen before we hear of them.

Col. **Hallett.** I have nothing further, gentlemen.

Mr. **Sweet.** The House is in session at the present time, it is past 11 o'clock, and it will be necessary to adjourn this hearing until Wednesday of next week at 10 o'clock. At that time we would like to have with us the Director of the Federal Board for Vocational Education, Mr. Lamkin, if he can be here at that time.

Mr. **Lamkin.** Yes, sir.

Mr. **Rogers.** Mr. Chairman, may I say just one word? I have had from perhaps 50 Members of Congress statements of their viewpoint on this legislation. Many of them have asked me to put into the record their letters, which are not long, and which, I think, in many cases, are distinctly illuminating. I do not think they will cumber the record very much. If the committee should not regard it as unreasonable, I should like to incorporate those letters in the record.

Mr. **Sweet.** I might suggest, Mr. Rogers, that you can submit the letters to the committee, and without doubt they will be made a part of the record.

Mr. **Rogers.** If I may take that up with the chairman of the committee, I will be much obliged.

Mr. **Sweet.** Certainly.

(Thereupon, the subcommittee adjourned to meet on Wednesday, February 23, 1921, at 10 o'clock a. m.)

Subcommittee of the
Committee on Interstate and Foreign Commerce,
House of Representatives,
Wednesday, February 23, 1921.

The subcommittee met at 10 o'clock a. m., Hon. Burton E. Sweet, presiding.

Mr. **Sweet.** Gentlemen, we will now continue hearings on H. R. 14677 and H. R. 14961 and other bills. Mr. Uel W. Lamkin, Director of the Federal Board for Vocational Education, is with us this morning. We will be glad to hear from you, Mr. Director.

STATEMENT OF MR. UEL W. LAMKIN, DIRECTOR, FEDERAL BOARD FOR VOCATIONAL EDUCATION, WASHINGTON, D. C.

Mr. **Lamkin.** Mr. Chairman and gentlemen of the committee, I hope it may be understood that when you ask me to come and present my views that I am speaking as an individual who has had experience with the Rehabilitation Division and with the entire Board for Vocational Education. I am not speaking officially for the Federal Board for Vocational Education. You have in your records a statement from both the chairman, Secretary Wilson, and from the vice chairman, Mr. James P. Munroe, giving the views of the board as to the bills under consideration.

They know and have known for some time my opinion in the matter. On May 5, I think it was, 1920, before the House Committee on Education, I filed a recommendation that the work of the three bureaus as dealt with in these measures should be consolidated in so far as they relate to the ex-service man. I have stated to the board that at any time my expression of opinion embarrassed them I was willing to waive any civil-service standing which I had and retire.

Mr. Sweet. Of course the committee, Mr. Lamkin, is looking to the best interests of the soldier, and we want all the information we can obtain, especially from a practical standpoint, from men who have had experience with one or the other of these departments.

Mr. Lamkin. I am sure that is true, Mr. Chairman, and I want to say for the board that I think their sole idea is to serve the disabled man. It is merely a question of difference of opinion. I think, in preface to whatever I shall say, in all fairness to the board, I should say that. I hope you will allow me to take up one or two general propositions which are well understood to all of us in order that I may build on that whatever I have to say.

Mr. Sweet. You may proceed in your own way.

Mr. Lamkin. The Government undertakes to do three things for the disabled ex-service man: First, to provide adequate medical care and treatment. That has always been done for every soldier of every war; at least, that has always been the idea. The second thing which the Government undertakes to do is to provide compensation for physical injury, a comparatively new thought in governmental treatment of disability, although it is well recognized in industrial life. It is a little different from the pension system, being based on the theory of compensation for physical injury. The third thing which the Government undertakes to do is entirely new up to the beginning of this war, both as to the disabled in war and as to the disabled in industry, and that is to help a man to overcome the handicap of a disability through proper vocational training. It is not the function of the rehabilitation division of the board to retrain a disabled man so that a disabled man may go out into industry. It is to retrain the man who has been disabled so that he can overcome his handicap and go out on equal terms with a normal individual.

Mr. Sweet. And, if possible, earn his own way in the world.

Mr. Lamkin. And earn his own way in the world and take his dollar because he earns it, and not because he is disabled. In going into this new field the Government uses, and did use, the agencies which were best adapted for those three functions. It turns over to the medical department of the Government, the United States Public Health Service, the medical care. It turns over to the Bureau of War Risk Insurance, which you gentlemen are familiar with, the matter of compensation. It turns over to the Federal Board for Vocational Education, which was created in 1917 for the purpose of cooperating with the States in vocational education, the matter of vocational rehabilitation. All three of these agencies have duties that are not connected with the disabled ex-service man. It is true that the Bureau of War Risk Insurance services are connected with the service man as a rule. For instance, the matter of insurance, which is a big part, is connected with the service men and not entirely with the disabled men, but the Public Health Service and the bureau and the board all have other functions that are not connected with the disabled man, and I hope in whatever I say that it may be understood that when I speak of the board I refer solely to the rehabilitation division of the board, because we are not concerned at this time with vocational education or with industrial rehabilitation, in which the board serves as a cooperative agency between the Government and the States where the work is to be done by the States. The rehabilitation of disabled ex-service men is a governmental function and not a State function which must be exercised, and the board acts as an administrative agency and not a cooperating agency.

Mr. Sweet. The committee understands that we are dealing simply with the rehabilitation division as it relates to the ex-service man.

Mr. Lamkin. Yes. I would like to speak briefly as to our relations with the other departments and the other bureaus. I think the statement can not be successfully challenged that within the past 18 months there has been no disagreement of any kind between the Federal board and either the bureau or the Public Health Service that has not been promptly settled. The Public Health Service, for instance, at present details to us all of our medical officers. They send to us a copy of the medical examinations which they make of all men whom they are examining for the Bureau of War Risk Insurance. We accept the awards of the Bureau of War Risk Insurance without question and draw from their files the medical reports which they have, on which they have awarded compensation. We are in hospitals now where the Bureau of War Risk Insurance has 20 or more patients, so that we can begin in the hospitals the vocational training of these men. Eighteen months or more ago the Public Health Service was giving what they call occupational therapy, which was prevocational training. We are giving it now on a medical prescription of the doctor. So that, as far as our relations with the present organizations are concerned, they are about as complete, I think, as can be worked out under present conditions.

Mr. Sweet. And that has all been done largely in an administrative way?

Mr. Lamkin. In an administrative way.

Mr. Sweet. Under general provisions of law?

Mr. Lamkin. On yesterday, I might say in passing, I had a note on my desk from one of our training officers stating that we should see that in the new hospital legislation it was provided that there should be at least 10 per cent of the bed space in the proposed hospitals set aside for vocational training. I think that is a wise provision. On the other hand, the first thing that is necessary is to get the bed space for the sick men, and I am confident we can arrange with the Public Health Service officers, without asking it to be written into law, that sufficient space shall be set aside in those hospitals for us to carry on our vocational training, and I do not think it is necessary to put it into the law.

Concerning these three services, then, Mr. Chairman, I would like to make this suggestion: The War Risk Insurance Bureau is thinking in terms of money, thinking of money payments to the men; how much money shall we pay this man on account of this physical injury. The other two services are thinking in terms of men; how shall we get this man well, as the Public Health Service thinks of it, and how shall we get this man back into productive employment, as the board must think of it, and it is not a question of how much money shall we pay him during the time he may live.

Mr. Sweet. Right in that connection, do you not believe it would be advisable to have all the payments made through the War Risk

Insurance Bureau as to compensation and the amount that the ex-service man receives while he is in vocational training; in other words, should not the payments come from one source so that there would be no overlapping?

Mr. LAMKIN. Yes and no; I think the payments should come from one source, but I do not believe they should come from a different source than the authority which puts the man into training and keeps him there. For instance, the board puts a man in training and has to maintain him during his period of training. It can not and should not turn over to another agency not responsible to the same person the authority to say when that man's payments should cease, because when you do he then is not able to continue his vocational training.

Mr. SWEET. I was not going into the question of who should determine that, but that the payments should come from one source.

Mr. LAMKIN. I think so.

Mr. SWEET. In other words, so that the accounting in the two departments may be brought together.

Mr. LAMKIN. I think so. I think that can be done under one head and under one bureau. I do not think it can be done as long as you have separate bureaus.

In connection with overpayments, you heard the statement made before this committee that there were $10,000,000 of overpayments. This was later corrected by the Director of the Bureau of War Risk Insurance, who said the amount was $220,000. Those overpayments have accumulated since the 19th of July, 1919. You are not going to get away from them. You are going to collect that $220,000 from a large number of people. Only on Monday I had on my desk a letter from a man saying, "I would like to get my account straightened out with your board. I have been overpaid and you are deducting, and now I have not gotten all my money." Before I had a chance to adjust it, however, we had gotten his money to him, and I got another letter saying it was all right. The situation was that the man's wife left him. He did not notify us for two weeks afterwards or for a month afterwards, and we continued to send him his dependency pay, which amounted to $35 a month for his wife, and so had overpaid him $70. If, Mr. Chairman, every man who goes out of training would notify the agent of the board the day he goes out of training that "I am out," there would be no hiatus and no overpayments, because the bureau and the board would see to it that the man was immediately picked up on the pay roll of the bureau and that he was paid his compensation from the day he went out of training.

It therefore resolves itself into a question of whether or not we shall look after the man or shall look after the payments to him. He is perhaps a poor fellow who is not normal mentally and is all "shot to pieces," and in the case of one suffering from tuberculosis, for instance, he is a rover and wants to go "somewhere else." He is in training to-day, and to-morrow, without saying a word to the officer in charge here at the Washington office, for instance, he gets on the train and goes somewhere else, and the next we hear of him he is down in Texas somewhere, and has been out of training for a month without our being able to hear about him. We have had our people looking for him here, but he is not at his home and we do not know where he is, and his check is here ready to be delivered to him. He turns up in Texas, having gone a month without any money. He abuses the Government because he has not been put on the pay roll of the bureau. Just as soon as he notifies one of our officers, or just as soon as one of our officers can get in touch with him, that officer wires the bureau, "This man went out of training on the 24th day of February (in fact, we end their training at the end of the month). On the 28th day of February put him on the bureau's pay roll." But if the men do not do it, and if they drop out of sight until we can get in touch with them, we do not take them off our pay roll. That is the cause of some overpayments.

As to the time it takes to get a man on the board's pay roll, we are now sending the first check to the man, on an average throughout the country, within 15 days after he enters training. I have notified the Red Cross and our agents all over America, that if they know of a man east of the Rocky Mountains who has been in training for a period of 21 days and has not gotten his first check to wire me at Government rate collect. I do not get three wires a week, and I will challenge any corporation or any Government to pay their employees quicker than 15 days after they get into their employment. There is another thing I would like for you to consider, and that is the bureau sends the disabled man a check once a month, and they are through. We are paying our trainees twice a month. We not only have to follow them up to see that the man is in attendance on his training, but we have to follow him up to see that he is making proper progress under his training. We have to follow him to see that he is in proper physical condition; we have to follow him to see that he gets a job when he is trained. We have to keep our heads with the soldier; we have to keep our heads with the employer or school authorities; we have to keep our heads with the community; and we have to keep our heads with Congress. I would like to say, if I may, for the record, that so far as we find, the Members of Congress are exceedingly reasonable in their dealings with the disabled man. It will always be that the disabled soldier is more or less of a political asset or a political liability, and it will continue in the next administration as it has continued in the past administration.

Mr. DEWALT. Will you allow me to interrupt you?

Mr. LAMKIN. Yes, sir.

Mr. DEWALT. I would like to follow the practical working of this vocational training by an instance of an ex-service man who is disabled and who wants to take up, we will say, the carpenter trade. What is the process? Where do you locate him and how do you locate him, etc.? I have never had that clearly in my mind.

Mr. LAMKIN. In the first place, there are five things which we consider, Mr. Dewalt, in determining what kind of training we give a man. We consider his previous educational experience, his previous industrial experience, his disability, his preference, and the opportunities for employment when he gets trained. A man comes out of the service and wants to be a carpenter. We have to sit across the table from him and determine with him whether or not he would be fitted to be a carpenter. We have to get the medical opinion as to whether or not he can carry on as a carpenter after he is trained. The probability is, if he is a comparatively young man, we will put him in a trade school, either a trade school that is well established or a trade school such as Spring Garden Institute in Philadelphia, which has been practically taken over now for the ex-service men. He will be given his trade training there.

When he gets to a degree of proficiency where he believes he can then complete his training under actual employment conditions, we will put him out with a practical tradesman to complete his trade training and take the combined judgment of the school authorities, of the practical tradesman, and of the man who we call our coordinator or our adviser who follows the man all the way through and says, "Yes; this man is now in condition where he can carry on. He is trained for a carpenter. He is off of the Government pay roll and back on his own."

I think, Mr. Chairman, if I may say it in passing, the American people will be proud to know that approximately 95 per cent of the men who are in vocational training are making good.

Mr. DEWALT. Let me ask you another question. How many of these training schools located throughout the country are there?

Mr. LAMKIN. We have men in about 2,000 different schools and educational institutions throughout the country.

Mr. DEWALT. Two thousand?

Mr. LAMKIN. Two thousand. In addition to that we have men in training in approximately 8,500 different plants, factories, and other industrial establishments.

Mr. DEWALT. What means of ascertainment have you as to the progress of these men training in these 2,000 schools and in these 8,500 industrial establishments?

Mr. LAMKIN. That brings up the matter of our organization which I can explain at the time I am answering your question. We are at present organized with a central office here in Washington which is solely an administrative organization. The country is divided into 14 supervisory districts, Pennsylvania and Delaware, for instance, forming the third district; Missouri, Kansas, Iowa, and Nebraska the ninth district; Texas, Oklahoma, and Arkansas the fourteenth; Tennessee, Georgia, North Carolina, and South Carolina, and Florida the fifth, and so on. Each district has supervisory authority over those States named. Each district office has an assistant who is in charge of training, who has a commercial man and a practical man and a professional man on his staff. These go out and inspect the schools and the plants where the men are in training.

Then we have what we call local offices. We have 129 of them in the country. The local supervisor has immediate charge and supervision of the men in training. For instance, we have a local office at Allentown, Pa., which has charge of four or five counties around there. The local office has the names of all the men in training in that community, and the staff members in the local office will go out to the shops and go out to the schools, find where the man is, what he is doing, and what kind of progress he is making. We can tell you at any time the definite status of every one of these men in training.

Mr. SWEET. And they report to this regional office?

Mr. LAMKIN. No, Mr. Chairman, they do not make reports. If we reported to the regional office and reported to the central office, we would spend all of our time in making out paper reports. What we do is this: We say to this man in Allentown, Pa., "Here is a disabled man who is entitled to training under the law. It is your job to see to it that that man is returned to suitable civil employment. You put him into training, you follow him through, and get him back in a job. Our supervisory officer from Philadelphia will by periodical visits and periodical reports see that you are doing your job out there." We have decentralized and put the authority on the man in charge of the work in Allentown and have said to him, "Get this man trained and back into employment."

Mr. SWEET. What I am getting at is whether the connection is made with your regional office or with the office in Washington.

Mr. LAMKIN. With the regional office. For instance, our statistics, and it takes time to get them, will be gotten from the local office. The local office will say, "We have so many men in training here and we have so many men in each one of these different lines." They will send those to the district office and they will be compiled there and sent here to Washington. It has advantages and disadvantages.

Mr. DEWALT. Let me interrupt you again. Do you find that the system which you now have with all of these men is satisfactory?

Mr. LAMKIN. We can not do it satisfactorily from Washington.

Mr. DEWALT. Is it efficient?

Mr. LAMKIN. Reasonably so.

Mr. DEWALT. How many ex-service men are in training now?

Mr. LAMKIN. Seventy thousand.

Mr. DEWALT. Scattered in these various institutions?

Mr. LAMKIN. Yes, sir.

Mr. DEWALT. They are all disabled men?

Mr. LAMKIN. All disabled men. We do not train anyone who is not disabled.

Mr. DEWALT. During this period of training their pay goes on until such time as they are discharged as fit for employment?

Mr. LAMKIN. Yes, sir. That is another matter which is going to become more serious as the years go by. When we come to the conclusion that a man is trained so that he can go back into employment, he says, "No; I am getting $125 or $140 a month from the Government while I am being trained. I will not go back to employment. I will stick in training." When that occurs, he is going to you gentlemen, Members of Congress, and say, "This board has taken me out of training"; and he is going to the American Legion, the Red Cross, and to the Veterans of Foreign Wars. We are going to have to stand pat and say, "No; your training is done." I had a letter from a Congressman the day before yesterday, in which he asked about a man in New York State. He had been in training from August, 1919, up to January, 1920. He believed he could go to school when he got ready and stay out when he got ready. He was in training 5 days and absent without leave 10 days the first part of January. We took him out of training. He was not making a reasonable effort to profit by his training, so that was the only thing to do.

Mr. DEWALT. Let me ask you one more question, with the permission of the chairman: With whom does the authority initially rest to declare that the man shall be put out of training?

Mr. LAMKIN. The local supervisors, as we call them; the men in the local offices.

Mr. DEWALT. Have they final authority in that matter?

Mr. LAMKIN. The disabled man can appeal to the district or can appeal to the central office, if he wants to, and we will get the facts in the case and decide it.

Mr. DEWALT. In other words, the authority vested in the local individual is not final, but subject to appeal?

Mr. LAMKIN. It is subject to appeal; but we have gone on the theory in regard to the doctors and medical officers that the doctor or medical officer who has knowledge of the man was in the best position to judge as to his disability; in other words, is in a better position to judge than we were by looking at a piece of paper which had been written up and sent in to us.

Mr. DEWALT. One more question. Conceding that you have 2,000 institutions and 8,500 workships in which you are training men, and the additional fact that we have 70,000 men in training, and conceding the further fact that you must have a large clerical force, a supervisory force, to take charge of these men who are in training, do you think it feasible to make a consolidation?

Mr. LAMKIN. I think it entirely feasible to create a new bureau to handle the entitre problem.

Mr. DEWALT. That is the pith of the whole thing, in my estimation.

Mr. LAMKIN. I do not, Mr. Chairman, believe it wise to consolidate unless you create a new bureau. That is the reason I made this preliminary statement. I do not believe it is wise to take that work, which I believe every one of the witnesses who has been before this committee has said was in a reasonably good condition now—I do not believe it wise to take that work and put it into one of the existing organizations that are in the Government at the present time. For instance, we have two and one-half times as many men in training as there are in the hospitals under the bureau and the Public Health Service. We have been in touch with about as many men as the compensation and claims division of the Bureau of War Risk Insurance has been. We have what we call "opened folders" on 80 per cent of the number of men that the compensation and claims division of the Bureau of War Risk Insurance has opened cases on. We have less than 8 per cent of these cases pending final decision. I would say that 60 to 75 per cent of the cases that are at present pending final decision by the board are cases where we are unable to connect the man's present disability with his war service.

For instance, a man was discharged November, 1918, two years ago with a record from The Adjutant General's office that he was not disabled, that he was physically and mentally sound. He comes today with tuberculosis which he says he contracted in the service, or he comes with a hernia which he says he contracted in the service, and with the record in The Adjutant General's office, which we have staring us in the face, it is an exceedingly difficult matter to connect his present disability with his Army service. I would say that 75 per cent of the pending cases are dependent upon that.

Mr. DEWALT. When I spoke to you I had in mind, largely, vocational training as to mechanical arts, and I instanced that of a carpenter.

Mr. LAMKIN. Yes, sir.

Mr. DEWALT. As I understand, vocational training not only extends to the mechanical arts but also as to the training for clerical work and other vocations to which the disabled man is best suited. Is that a fact, or am I mistaken?

Mr. LAMKIN. On the 2d of November, 1920—I can not give you later figures—15 per cent of the men were training in what we call professional work.

Mr. DEWALT. In the line which they followed before they went in?

Mr. LAMKIN. No. A lot of these fellows did not have any trades before they went in. We have what we call the Lincoln Institute in New York City, where 60 per cent of the 400 men there are illiterate, so far as English is concerned, and have absolutely no trade. We are trying them out. At the same time we are teaching them English to see what they can do. We have a similar school at Baltimore, 35 per cent in trade and industrial training, 25 per cent in business and commercial training—sometimes we think that business and commercial training is shorthand and bookkeeping, but 90 per cent of the workers in commercial lines are neither bookkeepers nor stenographers. Twelve per cent are in agricultural training and 13 per cent in professional training.

Mr. DEWALT. That answers my question; I thank you.

Mr. SWEET. In order to get this clearly in the record, right along the line that Mr. Dewalt has questioned you, your idea is, for instance, that at the head of this work there should be an Assistant Secretary of the Treasury?

Mr. LAMKIN. Yes, sir.

Mr. SWEET. And under that Assistant Secretary of the Treasury there should be the Public Health Service, the Bureau of War Risk Insurance, and the Rehabilitation Division of the Federal Board of Vocational Education, each touching back to the Assistant Secretary of the Treasury and meeting again at the 14 regional offices, we will say, throughout the United States?

Mr. LAMKIN. At such regional and at such local offices as may be necessary.

Mr. SWEET. Such local and suboffices as may be deemed necessary to carry on the work efficiently?

Mr. LAMKIN. Yes, sir.

Mr. SWEET. Does that give the skeleton of the structure that is in your mind in regard to the consolidation of these departments and bureaus?

Mr. LAMKIN. Yes, sir; approximately. I think, Mr. Chairman, that none of the bureaus nor the American people nor Congress has in view this matter as a whole. I think none of us has made a study of the compensation features of the War Risk Bureau, the medical features of the Public Health Service, or the vocational training features. I think it is necessary for that reason that you should have a new bureau, not one of the present ones. I think there is another reason why you should have a new bureau, and that is because, whether rightly or wrongly—I think wrongly in the majority of cases—none of the three organizations has at the present time the confidence of the men, the confidence of Congress, nor the confidence of the country. That may be wrong; it may be right. I do not think that that feeling is justified, but I think it is here. Another thing, you will do some more things for the ex-service men and will have to have some sort of an agency to deal with them.

If you have a bureau whose entire duty it is to deal with the ex-service men, you will have a place to put any other activity which you care to place under it. I think it is advisable to have another name—I do not know that it makes any difference what the name is—because while the Bureau of War Risk Insurance is known over the country, and probably the Federal Board of Vocational Education is known over the country, I think, probably, about equally, yet neither of these names is comprehensive enough to include the entire idea of medical treatment, vocational training, and proper compensation.

I would make this suggestion, if I may, Mr. Chairman, that in any bill you should not only require centralized authority at the head, but you should require proper decentralization. You are not going to operate to the satisfaction of the country, nor the men, nor Congress, as long as you require all matters to come to Washington for final determination.

Mr. SWEET. In fact, you worked out the problem in connection with the Federal Board of Vocational Education through decentralization?

Mr. LAMKIN. Yes, sir.

Mr. SWEET. And upon the theory, too, that you could better judge the man in the field, where you were in personal contact with him, than you could by looking over papers that were sent to Washington?

Mr. LAMKIN. Yes, sir; that is the theory.

Mr. SWEET. You see no difficulty in the Bureau of War Risk Insurance, the Public Health Service, and the Rehabilitation Division of the Board of Vocational Education working harmoniously at these 14 regional offices?

Mr. LAMKIN. I not only see no reason why they should not, but I see every reason why they should.

Mr. DEWALT. The fact is they are now working harmoniously?

Mr. LAMKIN. Yes, sir. The bureau, however, has no authority, as I understand it, to decentralize. We are telling our employees, Mr. Chairman, that a disabled man must not come to the office of the Federal Board for Vocational Education unless he is given every service that can be rendered by the Government out in the field.

I think you should not limit the number of regional offices or the number of branch offices. I doubt very much whether or not in our district No. 2 it would be wise to continue to hold Connecticut, New Jersey, and New York under one regional office. If the work were combined there, I think the director of the new bureau should be allowed an opportunity to say whether or not it would be better to keep New York City in one office and the up-State in another, or whether it would be better to have but one regional office. The city of New York alone has more population, of course, than all of the States of the ninth district, Iowa, Missouri, Kansas, and Nebraska, and the office there has a more complicated problem.

Another thing. In my judgment, you should not limit the director too much in the matter of salaries. For instance, in the restricted class of $2,500 and more the board can employ 322 persons. In 62 of those places we have authority to fix salaries within certain limits. In the other 260 positions we have no discretionary power, but must employ the persons at certain salaries not within certain limits. Of the 62 places for which limits and not definite salaries are fixed we are using the maximum in 21 instances and using less than the maximum in 41 instances. I think it is all right if you say that you can employ so many people at not to exceed a certain maximum, for everyone over, say, $2,500, but the director, if he is expected to put the job over, must be permitted to secure enough capable men to insure the success of the undertaking.

The question has been raised as to whether or not it would cause delay in making this transfer. My understanding of the Rogers bill is that whole organizations would be transferred. It will just be a question of time as to the working out of the proper relationships. It should not cause any delay over the present service which you are now providing.

There will be more satisfactory service to the men. He will have only one agency to deal with. He should be able to go to one local district office and make his application. It should be determined at one place and at one time whether he is entitled to compensation, whether he is entitled to vocational training, and what particular medical treatment he needs. America is the only country which did not determine this question before the man was discharged from the service. Now we have to go out and find him. One governmental agency should deal with him.

It would relieve the bureaus of several difficult matters. For instance, we have at the present time on our pay rolls 150 nurses who are following these men up, doing what we call "attendance work," i. e., to see that the men are in training. The Public Health Service deals with men in hospitals, and has authority to maintain hospitals. Yet men who are suffering from tuberculosis, when they reach an arrested condition, are discharged though not in physical condition to go into full employment. They should be held in what we know as a training school for a while under medical supervision. The Public Health Service does not need a school. We do not need a hospital. Consequently the Public Health Service can maintain its hospital, but can not maintain its school. We have to go out and lease school buildings, where we place men for training. The Public Health Service details doctors, but under one organization, one centralized control, there would be no hiatus between the hospital, the school, and employment. As many doctors as might be necessary and as many administrative officers as were necessary would be detailed to a training center by the one Government organization.

It would ultimately result in a saving to the Government. I do not think it would at first. It is a question of whether or not you are measuring the efficiency of the new bureau or whether you are measuring the overhead expense of the new bureau. At first you will have to have as many clerks and you will have to have as large a staff. I think you would eliminate duplication of files. I think you would eliminate a number of medical examinations, and I think you would in a few months eliminate clerks and the staff, perhaps, in the disbursing of the money and in the accounting divisions of the board.

On the other hand, looking at it solely as to its effect on the Federal Board for Vocational Education, I think it would be a distinct advantage to disassociate the administrative work of dealing with the disabled ex-service man from the cooperative work with the States in promoting vocational education and the rehabilitation of persons disabled in industry.

I should like to say a few words about the two bills which are pending before the committee, H. R. 14677 and 14961. The first bill Col. Hallett referred to as the "Rogers bill" and the second one as the "Legion bill." In my judgment, the Rogers bill is not wise. In other words, the Rogers bill leaves the Public Health Service as it is, and would combine or consolidate the Federal Board and the Bureau of War Risk Insurance. But the relations of the Federal board are not with the War Risk Insurance Bureau, they are with the Public Health Service. The relations of the Bureau of War Risk Insurance are not particularly with the Federal board, they are with the Public Health Service. You will get nowhere if you put just the War Risk Insurance Bureau and the Federal board together. That bill measures the problem solely by money payment. It does not measure it by men who need medical treatment and at the same time are entitled to vocational training. It is not compensation service the board wants. We want the doctor to sit by the man, not the insurance officer. The man who is in vocational training and getting $100 a month needs the doctor and wants to know whether or not the training whcih is given him is what he should have. He does not need the compensation officer who is figuring on reducing his compensation when he gets through his vocational training. When you look at the problem it is not a question of combining the Compensation and Claims Division with vocational training, but it is the problem of combining medical treatment and the compensation and claims division with vocational training.

I would suggest with regard to the second bill, the Legion bill, that the Director of this new bureau, whatever you call it, be an Assistant Secretary of the Treasury or an assistant secretary of a department—I think for many reasons the bureau should not be in the Treasury Department, but that is a secondary matter. If he were an assistant secretary and a director at the same time, and the Public Health Service were placed in that department, the Surgeon General could report to him as assistant secretary on all civilian matters and to him as director on all matters pertaining to disabled men. This would give sufficient authority to the director, yet would leave the Surgeon General in his present relation and the secretary of the department.

For instance, in private business a manufacturing establishment has its general manager. In its organization is a purchasing agent, an assistant in charge of production, and a sales manager. The corporation also runs a farm which produces some of the things which the corporation, as a manufacturing establishment, uses in the manufacture of its product. The purchasing agent is in charge of the farm as the farm manager. He reports to the general manager of the corporation regarding all the products of the farm, for example, whether or not they are used in the product of the manufacturing company. As the purchasing agent of the manufacturing company he reports to the general manager concerning the materials which he takes from the farm and uses in the manufacturing company.

If you will apply the same practice to the organization of a bureau, you will name a director, who is an assistant secretary of a department, and will put the Surgeon General of the Public Health Service under this assistant secretary in all civilian matters and have him report to the same man, called a director, in all matters pertaining to ex-service men. You have not affected the Public Health Service in its relation to the head of the department at all. In drawing a new bill you will certainly not have a director under the assistant secretary and he under the secretary of the department—you will not get anywhere if you do. You have an Assistant Secretary of the Treasury now with the Public Health Service and the Bureau of War Risk Insurance under his direction. Speaking from our viewpoint, we believe that our relations with both the Public Health Service and the Bureau of War Risk Insurance are more harmonious and more satisfactory than the relations between the Public Health Service and the War Risk Insurance Bureau. The point I am trying to make is this, when you merely consolidate the Federal board and the compensation and claims division of the Bureau of War Risk Insurance or the Federal Board and the Bureau of War Risk Insurance and you do not at the same time put the Public Health Service into the same organization, you are not giving the vocational training and you are not giving the compensations and claims division that which each of them needs, namely, medical service.

Personally, I should think that it ought not to be in the Treasury Department. The job of the Treasury Department is to handle the fiscal affairs of the Government, and this job is not to be measured so much in money as to be measured in terms of men.

Mr. **Rayburn**. Is there any reason why it should not be in the Interior Department?

Mr. **Lamkin**. No, sir; except this, that the disposition of public lands is now in the Interior Department, the present Bureau of Education is in the Interior Department, and, in my judgment, the Department of the Interior is the department which handles the welfare of the people of America. I mean their land settlements and their education and is really more concerned about public health than is the Treasury Department. However, I think that is immaterial. Personally, I might go further. It seems to me that the proper care and treatment of 4,000,000 men of America is of sufficient importance to justify a cabinet position.

Mr. **Rayburn**. You might say that the Public Health Service ought to have a cabinet position, on the theory that it handles the health of a great many men?

Mr. **Lamkin**. That is true.

Mr. **Rayburn**. You might say also that the Bureau of Education should have a Cabinet position, because they handle, in a way, all the youths of the country?

Mr. **Lamkin**. Yes, sir; we might agree on both of those propositions.

Mr. **Rayburn**. You might say that the Indian Office, which handles all the Indians of the country and deals with their funds and lands, ought to have a Cabinet position?

Mr. Lamkin. I think I would disagree with you there.

Mr. Rayburn. I know; but I was simply asking you.

Mr. Lamkin. I realize the objections to it.

My summary, then, Mr. Chairman, is that I believe that a proper view of the entire problem of returning disabled men into the civil life of the Nation, physically restored, so far as possible, and vocationally trained, with adequate compensation for the physical injury, would be better performed by one responsible agency, not only with authority to decentralize but to get into the closest possible touch with the men. I do not believe that the consolidation would be justified unless the head of the bureau had authority over the entire medical functions and operations which are necessary to return these men to civil life.

Mr. Sweet. It is not so much a question of what department it is put in?

Mr. Lamkin. Not at all.

Mr. Sweet. As to how they shall be organized?

Mr. Lamkin. Yes, sir.

Mr. Sweet. Your main suggestion, then, is that if it is put under a second Assistant Secretary of the Treasury that the Assistant Secretary of the Treasury be vested with the power of supervision and control over the Public Health Service, the Bureau of War Risk Insurance, and the Rehabilitation Division of the Federal Board for Vocational Education?

Mr. Lamkin. Yes, sir.

Mr. Sweet. And that in all matters it will be for him to direct, supervise, and harmonize?

Mr. Lamkin. Yes, sir; in other words, speaking in terms of names and men, you will have an Assistant Secretary and you will have no position for me and no position for Col. Cholmeley-Jones.

Mr. Sweet. That is the idea exactly. He should have the authority which the directors of both services have?

Mr. Lamkin. Yes, sir.

Mr. Sweet. We thank you very much, Mr. Lamkin.

Mr. Sweet. Mr. Thomas, do you wish to be heard at this time? We have only a few minutes, because the House is now in session, but, as I remember, you told me it would not take you very long to make your statement.

STATEMENT OF MR. W. BISSELL THOMAS, WASHINGTON, D. C.

Mr. Thomas. Mr. Chairman, I was asked to appear before your committee by Col. Galbraith, of the American Legion.

Mr. Sweet. And anyone else?

Mr. Thomas. And several Congressmen and Senators, also, who were personally acquainted with my experience—for the reason that in addition to being a service man, not only in the World War but the Spanish War and the Philippine campaigns, I spent about six months after my return from France as an examiner in the claims division in the Bureau of War Risk Insurance, and then was transferred to the legal division of that bureau, where I spent something over one year. I may state, so that you gentlemen may make due allowance for any bias or prejudice that might run through what I have to say, that my connection with the bureau was terminated on the 21st of last December without my knowledge or connivance or consent. If the committee is interested in hearing it, I am prepared to tell the committee just what course a claim takes from the time application is made for it until it is adjudicated. Col. Jones the other day largely explained that. If the committee already has sufficient information about it, I will go right on to something else.

Mr. Sweet. You may proceed, Mr. Thomas, and make your own statement.

Mr. Thomas. Would the committee care to hear how a claim is handled in the bureau?

Mr. Sweet. We will be glad to have any information that may be of benefit to us in this matter.

Mr. Thomas. A claimant, a disabled soldier, either writes to the bureau, direct, in Washington or makes application at one of the Public Health offices located throughout the United States. When he does that his claim is given a number, a C-number, they call it, and a jacket is made in which all the files of the case are afterwards accumulated. If that claim is for a disability, not a death claim, but if it is for a disability, it is then held in the bureau awaiting a report of the medical examination by the Public Health doctors on the ground. Before that examination is made, unless they have changed the system since I left the compensation division, the man's record is procured from The Adjutant General's office, showing that he actually was in the service, that he was discharged, and also showing what, if any, medical disability his record shows. Then the Public Health doctor on the ground is ordered to examine him, and does examine him, and sends in a report.

In the days when I was in the compensation division that report went to the medical division of the bureau, a separate division, where a rating of disability was made. On that rating the examiner in the compensation division then made an award commensurate with the percentage of disability which the medical division had given. I believe now they have a medical unit with each compensation unit. They have the compensation division divided into certain units, so many examiners and a reviewer in each unit, and I understand that they have one or two doctors in each unit, and the disability rating is made by the doctor right in the unit, so that the case does not have to go back to the medical division. After that medical rating is made the examiner of the compensation division either disallows the award or allows it. Col. Jones testified the other day that the medical rating so given was not necessarily binding. I want to say this, gentlemen, that 90 per cent of the complaints now being made about disability ratings—and you gentlemen probably have had several hundred yourselves—grow out of the technical matter which I am now touching on. It is technical, but we can not get away from it. I know people as a rule are not interested in technicalities, but the bureau being all technicalities it is necessary, in order that you may have a proper idea of it, to go into the technicality of the situation even though it may not be generally interesting.

The bureau assumes, and has laid down the fundamental policy, that disability is a medical question and not an economic question; that it is a medical condition of the claimant and not an impairment of earning capacity; and that fundamental wrong in policy is the cause of 90 per cent of the complaints now coming into the bureau and to you gentlemen by the thousands. Col. Jones's testimony that an examiner could ignore the medical rating and give a larger one was not in accordance with the practice over there when I was an examiner, whatever the regulations may be. If the examiner chooses; if he is not satisfied with the medical rating which a doctor, from a purely medical standpoint, has given he can do what? He can send that case where? To a board of medical review; not to men trained judicially to examine into facts and to ascertain facts in the ordinary course, as we have learned to ascertain them through years of civilization, but to technical doctors trained only to ascertain medical facts. After the case has passed the board of medical review it may then, if the claimant kicks long enough and loud enough, go to a board of appeals. That board, in my day, was constituted of one or two doctors, I have forgotten which, and either one or two members of the compensation division. There was no man on that board trained to ascertain facts or to sift evidence.

Mr. **Sweet.** Mr. Thomas, I will say that the House is now in session, and as there is an important matter before the House in reference to a conference report in which the members of the committee are all interested, we will have to adjourn. We do not wish to cut you off in any way, and if you so desire you may appear later or you may make out a statement continuing this statement and make it a part of the record. It is not the purpose of the committee to cut off anyone from making a full and complete statement.

Mr. **Thomas.** Yes. My only desire in making it, as I told you in private, Mr. Sweet, is that I have been asked in such a way that I can not very well refuse to do it, and I can not very well explain why I did not do it if I do not make the statement.

Mr. **Sweet.** There is not any question but what you will be given an opportunity to make your statement in your own way. We are not prepared at this time to state just when the committee will meet again, but we will hear you at the first opportunity. It is the desire of the committee to conclude the hearings on these bills at this session of Congress. Our next meeting will probably be on Monday.

(The subcommittee thereupon adjourned.)

Subcommittee of the Committee on
Interstate and Foreign Commerce,
House of Representatives,
Saturday, February 26, 1921.

The subcommittee met at 10 o'clock a. m., Hon. Burton E. Sweet presiding.

STATEMENT OF MR. W. BISSELL THOMAS—Resumed.

Mr. **Sweet.** Mr. Thomas, you may continue your statement in regard to H. R. 14961 and H. R. 14677 and other bills relative to the consolidation of various bureaus that have to do with the treatment and care of disabled soldiers.

Mr. **Thomas.** Following the preliminary foundation which I laid last Wednesday, I will say that I have with me a few fragmentary papers in a few of the cases that passed through my hands during the time I was in the legal division of the Bureau of War Risk Insurance. My connection with these cases was purely a voluntary one. They were cases in which I had been appealed to by various Senators and Congressmen who were personal friends of mine, and in a few of them I happened to have duplicate papers or other papers which it was not necessary to incorporate in the official files.

I presume, all told, perhaps 1,000 cases of that kind were referred to me during the time I was in the bureau, and it so happens I only have the papers in 10 or 12 of them. In almost all of these cases I think there will be some evidence showing the desirability of consolidating the three bureaus that have charge of the relief of disabled soldiers. It also happens that almost all of the cases I have are Senator Frank B. Kellogg's cases from Minnesota, for the reason that he has such a perfect office system and is so careful in the preparation of all of his matters that he furnishes complete information and complete copies. Those I happened to have in my personal file when I left the bureau, and have now with me.

One of these cases of Senator Kellogg's is the case of Donald H. Daimond, C–374949, in the Bureau of War Risk Insurance. Perhaps it would save time if I briefly state the facts in the case rather than read all the papers in it. However, I will read Senator Kellogg's letter to me in that case of November 15, 1920:

> W. Bissell Thomas, Esq.,
> *Room 1038, Bureau of War Risk Insurance, Washington, D. C.*
>
> My Dear Mr. Thomas: For practically a year I have had up with your bureau the compensation case of Donald B. Daimond (C–374949).
>
> I am inclosing herewith a copy of a letter addressed by me to your bureau under date of September 17, 1920, which sets forth clearly my feelings with regard to this particular case.
>
> I am inclosing herewith also a copy of the reply I received, which tells its own story.
>
> It seems to me that the holding of the bureau is entirely arbitrary, and I feel that if some one capable of a real interest in cases of this kind would investigate it, the decision of the board of appeals may be reversed. I feel that all the evidence on file in your bureau has not been considered thoroughly, and I shall appreciate your kindness in examining the previous papers on file, since I know that this man received a serious shell shock in action, and I can not conceive of any reason which should bar him from compensation, since any ordinary mind can connect his present disability (sciatic nerve trouble) with the injury he received in the service.
>
> Very truly, yours,
>
> Frank B. Kellogg.

The bureau's letter to which the Senator refers was dated October 11, 1920, and is as follows:

> Dear Senator Kellogg:
>
> Supplementing my letter of September 28 regarding the compensation claim of Donald H. Daimond, I regret to advise that our board of appeals has reviewed this case and concluded that insufficient evidence is in file to establish a connection between Mr. Daimond's present disability and his military service. Accordingly no compensation may be paid under the provisions of the war risk insurance act unless he submits further evidence which proves that his present affliction is of military origin.
>
> It is suggested that he procure and submit affidavits from such doctors as may have treated him since his separation from the Army and affidavits from former soldier comrades, if possible, which will tend to show that his present physical condition is the result of disability incurred while a soldier.

I answered Senator Kellogg's letter on November 17, 1920, after examining the files, as follows:

MY DEAR SENATOR KELLOGG:

Replying to your communication of the 15th with reference to Mr. Daimond's case, the files disclose that no real medical examination seems ever to have been made. On July 9. 1920, Mr. Daimond was examined by one Dr. W. D. Brodie, who reported simply what Mr. Daimond told him as to the trouble he had with his leg while in the service, stating that any disability, if such existed, was less than 10 per cent, and that the only derangement noticed was the nervousness of the claimant. Dr. Brodie also stated that the claimant was referred to an attending neurologist, Dr. Hengstler. There is a communication in the files from Dr. Hengstler, dated July 13, 1920, which is also entirely negative. Dr. Hengstler sums up his diagnosis as follows: "One can not make a diagnosis of neurological disease here at present. Whether this is a mild mental state or just an irritable disposition it is impossible to tell."

This is the only medical information which was in the possession of the bureau. When the case went twice before the board of appeals their ruling was evidently passed on these reports.

I would suggest that Mr. Daimond procure reports of medical examination from his own physician in the form of an affidavit, and that the same be forwarded to me personally upon its receipt.

As I mentioned in a recent communication of mine, there is always a disposition to accept the facts of a case as they are presented, as it is much easier and less troublesome than going behind their presentation.

This seems to be an instance in which that was done; and if the facts as now before the bureau are going to be accepted as conclusive, I can readily see how the bureau would not be justified in awarding compensation., There is, however, no reason why the real facts of the case should not be presented and acted upon.

On January 5, 1921, the bureau wrote to Senator Kellogg, in which they reported on the Daimond case as follows:

Reports of examinations made of this claimant by the United States Public Health Service do not indicate that a disability of a compensable degree exists, and even though it were of a compensable degree, that disability is not traceable to the military service without additional evidence in the form of affidavits from physicians who have treated him from the date of discharge, but before application to this bureau, and from lay affiants having knowledge of his physical condition before and after discharge. To definitely decide the nature and degree of his present disability, the medical supervisor of Minneapolis, Minn., was instructed, under date of November 12, 1920, to arrange for a reexamination and furnish a detailed report, making a definite diagnosis and presenting all the symptomatology.

There is a case where a man suffering from shell shock, as personally known to Senator Kellogg, whose word is certainly worthy of being taken on the matter, was examined by two doctors. The report of the bureau is that his disability was not of a compensable degree and that it was not connected with the military service. The files—and unfortunately I have only my own letter among the papers here now, but the files are officially in the bureau—show what? That he never was examined at all; that one doctor looked him over and turned him over to a neurologist, who said it was impossible to make a medical examination at that time, at that place, and so reported to the bureau, and the case went on that report twice to their board of appeals, who finally denied compensation. There is one instance, it seems to me, where some direct authority over the public health examining physicians ought to have been allowed to be exercised.

The second case, also one of Senator Kellogg's, is the case of John L. Golob, C–372178. This was a case of a young man who was totally and permanently incapacitated by a wound which shattered one of his legs. I believe the leg was not amputated, but it was worse than useless. It was in his way. Senator Kellogg's letter to me, which is the only official record I have in the case, is as follows:

MY DEAR MR. THOMAS:

Confirming conversation I had with you this morning relative to the compensation claim of John L. Golob (C–372178), I want to assure you in writing that both my secretary and myself know positively that Mr. Golob has been incapacitated since the date of his discharge, on August 1, 1920, and beyond peradventure is entitled to an award of compensation based on total temporary disability.

While at Hibbing on October 29 we interviewed Mr. Golob and also a number of prominent business men, who voluntarily related the circumstances surrounding his case. Mr. Golob is the only Hibbing boy who was wounded during the war, and consequently the entire village is interested in his case, knowing that he has been unable to obtain compensation from the Government.

Mr. Golob and his friends, however, simply expressed the opinion that his case had been treated perfunctorily and none of them expressed the slightest animosity. They felt, of course, that if your bureau had the matter properly brought to its attention it would be adjusted to their entire satisfaction.

Since I have been commissioned by them to present the claim to your bureau, I appreciate deeply the courtesy you showed in making inquiry of my secretary relative to the case, and I feel that your bureau will do everything in its power to adjust this claim on the basis of total temporary disability from August 1, 1920.

Assuring you of my best thanks for the attention you have already bestowed upon the matter, I am,

Very sincerely, yours,

FRANK B. KELLOGG.

On January 25 the bureau included in their letter to Senator Kellogg, with reference to the Golob case, the following statement:

This claimant has been receiving monthly payments of $32 compensation for a temporary partial 40 per cent disability since March 3, 1920. That award is to-day being increased to one of $72 monthly for a temporary partial 80 per cent disability from the date of discharge.

I will state that I remember in that case that when Mr. Golob, the disabled soldier, objected to the rating of disability or to the lower rating that they had given him of 40 per cent, or $32 a month, they cut off all of his payments, and when the Senator referred the case to me in the fall after he had seen Mr. Golob in person, Mr. Golob had had no compensation of any kind for something like six months, I think it was, awaiting the reports of the Public Health doctors on his reexamination. There was never any question about his being at least 40 per cent disabled, but they even cut that off until they found out whether he was entitled to less or more.

Another case was the case of Anthony C. Disterhoff, C–78809. In this case also I have among my own papers only the Senator's letter to me.

Mr. PARKER. Mr. Thomas, I think you may assume that we know there have been many mistakes made.

Mr. THOMAS. Yes, sir.

Mr. PARKER. I do not think you have to prove that, because it is a waste of our time. We know there have been many mistakes made down there and they could not help making them with the number of cases that have been examined.

Mr. THOMAS. My purpose, Mr. Parker, in referring to these specific cases is that I think each one of them shows a very emphatic reason why there should be central control of the three bureaus affording relief to soldiers. It appeared to me and to some of my friends who consulted me about it that it would be advisable to have these specific cases in the record as tending to show that. I certainly personally have no desire to go on.

Mr. PARKER. Oh, go ahead.

Mr. SWEET. I might suggest, Mr. Thomas, that you make up a statement covering the cases referred to and give that statement to the reporter to be put in the record.

Mr. THOMAS. If the committee will permit me, I will simply state what each case shows without reading the letter. The Disterhoff case showed that an award was made some time shortly prior to January 25, 1921, for total disability, commencing August 11, 1918, the delay in the case from August, 1918, to January, 1921, being almost wholly due to lack of coordination between the Public Health Service and the bureau.

(The letter referred to by Mr. Thomas follows:)

DEAR MR. THOMAS: When I returned to Minnesota last June I was interviewed by Mr. Anthony C. Disterhoff, of Silver Lake, Minn., relative to an award of total permanent disability.

The record will show the United States Public Health Service has hospitalized this man for a long period of time. His case is one of quite severe intestinal adhesions, and, after interviewing Mr. Disterhoff three times, I was convinced that he should be entitled to an award of total temporary disability, since his nervous system is completely shattered, and he affirmed that he could not sleep nights on account of the pain which his affliction caused him.

I think the hospital authorities were too severe in their treatment of this patient. His name, in the first place, attached to him a certain odium, and also the accent with which he speaks. He is exceedingly nervous and petulent, which is due to his broken down condition. They finally reached the point where, not being able to tolerate him any longer, they told him to go home and go to work, which constituted an injustice, since Mr. Disterhoff is absolutely incapable of performing any kind of work.

As I say, he should be receiving compensation, based on a total temporary disability award. I am not sure that such an award has been granted. Mr. Disterhoff considers that he is entitled to total permanent disability compensation, but even though the medical records afford him this finding, I do not think it would be advisable to make such an award in his case, on account of the psychic effect it would have on this patient.

I am interested in knowing whether he is receiving compensation, based on a total temporary disability award, and whether, under the law, the Government assumes the burden of paying his insurance premiums. It is my impression that the law provides such relief, but it may be that I have in mind one of the bills which failed of passage last June.

Thanking you in advance for your advice, I am,

Very sincerely, yours,

FRANK B. KELLOGG.

In the case of William E. Hunt, jr., the same thing occurred. That was one of the very early cases of a boy who had part of his collar bone removed and taken out. He was sent to an insane asylum at Knoxville, Iowa, an inebriate hospital, that Judge Sweet probably is personally familiar with.

Mr. SWEET. Yes; I know where that hospital is located.

Mr. THOMAS. There is the letter with reference to the Hunt case, but I do not care to take up the time of the committee in reading it, unless the committee wants to hear it, and there is a letter from Mr. Hunt in these papers which Senator Kellogg forwarded to me, telling just about what the conditions were at that Knoxville hospital. He is a clean-cut, young man, who was suffering greatly by reason of the fact that he had a part of his collar bone removed, and he was arbitrarily sent to this inebriate asylum, where he was kept a prisoner; he was not even allowed to communicate with his own family until he managed, through the Red Cross, to get word to Senator Kellogg, who took up his case. There, too, was a case where a man was being excessively abused by the Public Health Service, and the War Risk Bureau could do nothing for him, because having once been turned over to them they had lost control.

Another case is that of Charles B. Ronald, and I want especially to call the committee's attention to that case for this reason: There was a man who took vocational training, and he began to take it shortly after his discharge in May, 1919. He took vocational training until October, 1919, having been examined by the proper Public Health doctors before he was allowed to take this vocational training. After the cessation of his vocational training in October, 1919, he applied to the Bureau of War Risk Insurance for compensation because of the same disability, and the bureau wrote to Senator Kellogg on January 26, 1921, as follows:

This claimant's disability can not at present be considered the result of his military service, because he was discharged on May 10, 1919, without having been treated for any disability relating to the one now existing and he was first examined for this bureau on January 13, 1920.

There was a man examined in May, 1919, for the Vocational Training Board, took vocational training until October, 1919, then applied for compensation, was examined on that application in January, 1920, and the Bureau of War Risk Insurance absolutely refused to consider any of these vocational examinations, and said that, having been examined in January, 1920, before he could get compensation, he must furnish other outside evidence connecting his disability back to May, 1919, when he was examined by the Public Health Service for vocational training.

I have a number of other cases which, with the committee's permission, I will put in the record.

(The papers refered to by Mr. Thomas are as follows:)

TREASURY DEPARTMENT,
BUREAU OF WAR RISK INSURANCE,
Washington, January 25, 1921.

Hon. FRANK B. KELLOGG,
United States Senate.

DEAR SENATOR KELLOGG: I have before me your letter of December 31, 1920, requesting that immediate steps be taken to accomplish an equitable settlement of certain claims for compensation. I am explaining the action taken and contemplated by this bureau in the cases which you have cited in this letter.

Donald H. Daimond (C–374949): Reports of examinations made of this claimant by the United States Public Health Service do not indicate that a disability of a compensable degree exists, and even though it were of a compensable degree that disability is not traceable to the military service without additional evidence in the form of affidavits from physicians who have treated him from the date of discharge, but before application to this bureau, and from lay affiants having knowledge of his physical condition before and after discharge. To definitely decide the nature and degree of his present disability, the medical supervisor of Minneapolis, Minn., was instructed, under date of November 12, 1920, to arrange for a reexamination and furnish a detailed report, making a definite diagnosis and presenting all the symptomatology.

John L. Golob (C–372178): This claimant has been receiving monthly payments of $32 compensation for a temporary partial 40 per cent disability since March 3, 1920. That award is to-day being increased to one of $72 monthly for a temporary partial 80 per cent disability from the date of discharge.

Anton S. Disterhoff (C–78809): This claimant has been awarded and is receiving monthly payments of $80 for a temporary total disability from the date of discharge, commencing August 11, 1918.

William E. Hunt, jr. (C–25782): As last amended, the award to this claimant allows monthly payments of $50 from July 25, 1918, the date following discharge, to January 10, 1920; $70 from January 11, 1920, to April 30, 1920; and $80 from May 1, 1920. Payments were originally made to the claimant himself, then held to his credit, and the medical officer at the hospital where he was confined was allowed to make expenditures for comforts and necessities, and now to the father, William E. Hunt, sr., box 1004, Fargo, N. Dak., who has been constituted the legal guardian. Check in the sum of $415.49, payments due to October 31, 1920, was mailed to Mr. Hunt on November 18, 1920, and subsequent payments have been regularly dispatched. The matter of reimbursement for expenses incurred in the treatment of this claimant will be explained to you in a separate letter.

Aron Carlson (C–219268): The compensation awarded this claimant, which is in the monthly amount of $16, on September 1, 1920, is for his surgical disability. The nervous ailments which necessitate hospitalization appear from the evidence in file to have arisen subsequent to the date of discharge from the service and should not, therefore, be attributable to causes arising therein.

George F. Herberger (C–273721): The evidence afforded by detailed examinations made for the United States Public Health Service by specialists in nervous ailments indicates the existence of only 50 per cent partial disability, upon which basis compensation is being paid in a monthly amount of $40. If the claimant believes himself totally disabled, he should submit himself for a further physical examination, and if it is found that he is temporarily totally disabled because of a disability which is the result of his service, the United States Public Health Service is prepared to afford him institutional care, and compensation will be paid upon a temporary total basis from the date of his admission.

Charles B. Ronald (C–262623): This claimant's disability can not at present be considered the result of his military service, because he was discharged on May 10, 1919, without having been treated for any disability relating to the one now existing, and he was first examined for this bureau on January 13, 1920. There should be furnished evidence in the form of affidavits from physicians who treated the claimant during the period intervening between these dates, or in the event he was not under a doctor's care, obtain sworn statements from lay affiants having knowledge of the necessary facts. The medical supervisor of Minneapolis, Minn., was directed, under date of January 10, 1921, to instruct the claimant in obtaining this evidence.

William B. Callahan (C–447000): The award which originally allowed this claimant monthly payments of $20 from February 2, 1919, to May 15, 1919, and $22.50 from May 16, 1919, for a temporary partial 25 per cent disability, was amended under date of November 22, 1920, so that he receives, effective as of September 22, 1920, a monthly payment of $90 for a temporary total disability.

With respect to your suggestion that the bureau makes ratings upon "only technical medical evidence," and that the Public Health Service examiners fix the degree of disability, permit me to say that this suggestion is not in accordance with the situation, inasmuch as this bureau does consider to a very great degree the vocational effect of the claimant's injury or disease, and inquires into the history of his industrial activities subsequent to discharge. Ratings are not made by the Public Health officers in the field, but are made in this bureau upon a consideration of the whole history of the case and upon the medical facts in the examination returned by the local Public Health authorities, as well as upon supporting affidavits or upon reports of private physicians.

Under the law, however, in compensation it is not possible for us to give a rating which will correspond exactly with the industrial handicap in every given individual case, for the reason that subsection 2, section 302, of the war risk insurance act, dealing with compensation, reads as follows:

"The ratings shall be based, as far as practicable, upon the average impairments of earning capacity resulting from such injuries in civil occupations and not upon the impairment in earning capacity in each individual case * * *."

In awards of insurance the bureau particularly examines into the history and condition of the individual claimant, inasmuch as what is insured against by the terms of the policy is total permanent disability of the insured. Naturally this condition is a question about which intelligent minds may differ, and even when it is established that a disability may properly be considered total there still remains the question whether it may properly be considered permanent. In connection with total permanent disability may I not invite your attention to the attached copy of regulation 57, which it seems to me sets forth a very liberal and very fair policy in determining the incurrence of total permanent disability? The cases referred to by you, now rated as a total disability, will be given careful consideration under the terms of regulation 57 for the purpose of determining whether they are entitled to permanent total disability under that regulation.

You will note that by this regulation special boards are established to decide upon each of these important cases. You will note also that for insurance purposes we have adopted a very liberal rule to the effect that if the injured man be individually permanently and totally disabled, he will receive permanent total disability benefits, and further than that, if the average man would be permanently and totally disabled, the individual claimant will be so considered even though he may have had some special ability to overcome the handicap so that he individually is not really permanently and totally disabled.

Very truly, yours,

R. G. Cholmeley-Jones, *Director.*

Minneapolis, Minn., *October 22, 1920.*

Mr. H. Bissell Thomas,
Bureau of War Risk Insurance, Washington, D. C.

My Dear Thomas: Wish you would look into the matter of compensation matter of Mr. Milford A. La Fleur now at St. Barnabas Hospital, Minneapolis, Minn., and advise me what the situation is concerning same. Am inclosing his letter which will give you file numbers, etc.

Your friend,

Thos. D. Schall.

St. Barnabas Hospital,
Minneapolis, Minn., October 19, 1920.

To: Hon. Thomas D. Schall.
From: Milford A. La Fleur, St. Barnabas Hospital, Minneapolis, Minn.
Subject: Compensation not received.

Honorable Sir: I am writing you in regard to my compensation, which so far has proven very unsatisfactory. I have written several letters to the Bureau of War Risk Insurance, and in addition the Red Cross has written and sent telegrams to them; but so far no definite action has been received consistent with the service.

I had previously been awarded compensation, dating from June 19, 1919, to the amount of $95 per month. In January last I took up vocational training, but in March, 1920, I had to give it up on account of poor health. I should have been transferred immediately from the Federal board pay roll to the war-risk insurance pay roll; but to date I have not received a dollar from the Bureau of War Risk Insurance. I am at a loss to understand why this delay has occurred. I am now confined to bed in St. Barnabas Hospital and am in very poor health having been rated 100 per cent disabled six weeks ago by United States Public Health Service physician. I am a married man with a family of three to support and I am totally disabled for life.

I know that you are a very busy man, and I do not like to intrude on your time; but I am appealing to you for help because other disabled soldiers have informed me that you have assisted them in similar cases. I certainly would appreciate any assistance you may give me, as I am desperately in need of funds for the support of my family.

Respectfully, yours,

Milford A. La Fleur.

P. S.—This was written for me by a friend under my dictation.

Milford A. La Fleur.

[Treasury Department, Bureau of War Risk Insurance.]

AWARD OF COMPENSATION.

Mr. MILFORD ANDREW LA FLEUR (C–245923),
St. Joseph, Mich.:

In accordance with the act of Congress of October 6, 1917, and the amendments thereto, you are hereby notified that as a private Forty-fourth Balloon Company, who was discharged from the military service of the United States on the 20th day of June, 1919, you are awarded compensation in the amount of $95 per month from the 21st day of June, 1919, and in the amount of $63.33 per month from the 1st day of January, 1920 on account of disability resulting from injury incurred in the line of duty while employed in the active service. The monthly payments pursuant to this award shall continue during the period in which you are partially disabled. This award is in lieu of the award made to you July 26, 1919. The compensation payable under this award is for yourself, wife, and child.

IMPORTANT PROVISION OF THE ACT.

"SEC. 28. That the allotments and family allowances, compensation, and insurance payable under Articles II, III, and IV, respectively, shall not be assignable; shall not be subject to the claims of creditors of any person to whom an award is made under Articles II, III, and IV, and shall be exempt from all taxation: *Provided*, That such allotments and family allowances compensation, and insurance shall be subject to any claims which the United States may have, under Articles II, III, and IV, against the person on whose account the allotments and family allowances, compensation, or insurance is payable."

You are not entitled to this award nor to the payment of compensation from the Bureau of War Risk Insurance while you are in training with and receiving payments from the Federal Board for Vocational Education. If you are receiving vocational training and payments from the Federal Board for Vocational Education you should return any checks issued to you covering a period subsequent to the date of the commencement of your course of training in accordance with this award to the Compensation and Claims Division, Bureau of War Risk Insurance, Washington, D. C., with a statement showing the date you started training. From the date that you begin vocational training you will be paid by the Federal Board for Vocational Education.

You are required to make a monthly report stating, as near as possible, your exact physical condition, together with all information relative to your return to employment or increase in earning capacity. Failure to make such monthly report will terminate your compensation payments until such report is received.

The initial payment check pursuant to the award approved in your favor will be dispatched to you at the earliest possible moment. If you should change your present address, the Compensation and Claims Division, Bureau of War Risk Insurance, Washington, D. C., must be immediately notified. All future communications with reference to this case must bear the compensation number C–245923.

Authorized by the Bureau of War Risk Insurance this 17th day of January, 1920.

R. G. CHOLMELEY-JONES, *Director.*

OCTOBER 20, 1920.

Miss REBECCA CASSELL,
American Red Cross, St. Barnabas Hospital, Minneapolis, Minn.

DEAR MISS CASSELL: In reply to your telegram of October 11, 1920, we have the honor to advise you that compensation payments have been resumed in the case of Milford A. La Flour (C–245923), private, Forty-fourth Balloon Company, in the amount of $63.33 for a temporary partial disability of 66⅔ per cent, effective April 1, 1920, at which time he discontinued his vocational training.

The check in payment of this compensation will be dispatched immediately, and he will no doubt receive same at an early date.

All future correspondence relative to this case should bear the above-mentioned claimant's full name and address, former rank and organization, as well as our file number, C–245923.

By authority of the director.

Very truly, yours,

R. H. HALLETT,
Assistant Director,
In Charge of Compensation and Insurance Claims Division.

UNITED STATES SENATE,
November 12, 1920.

Hon. W. BISSELL THOMAS,
Bureau of War Risk Insurance, Washington, D. C.

MY DEAR MR. THOMAS: In view of your proffer of services in connection with compensation cases affecting Minnesota's ex-service men, I am taking the liberty of bringing to your attention a matter involving William Bruce Callahan, 238 Bates Avenue, St. Paul, who served as a private in headquarters company, Thirty-sixth Infantry. compensation file No. 447000.

Mrs. Callahan interviewed me in St. Paul recently, and advised that they were having considerable difficulty in obtaining the adjustment of Mr. Callahan's compensation award. Mr. Callahan served for a period exceeding 21 months, during which time he contracted malarial fever, and severe hemorrhages have resulted. Upon his discharge from the military service he accepted employment at the St. Paul Union Station.

I have two personal friends who told me positively that Mr. Callahan is unable to work and several times was entirely overcome on the streets of St. Paul, being picked up unconscious from these attacks. He is now a bed patient in the St. Barnabas Hospital in Minneapolis, and has been such since the 22d of September. His wife is compelled to work by reason of the award in his case, amounting to $20 per month from February 1, 1919, and this couple are in very desperate straits. They have just started housekeeping and are purchasing their furniture on the installment plan, and if the Government does not undertake to assist Mr. Callahan to a degree befitting his incapacity, they stand to lose their investment.

The difficulty in these cases is that the medical examiners do not accept testimony establishing the critical condition of the claimant, but insist upon their own findings. Mr. Callahan was told by the examining officer in Minneapolis that it would be necessary for him to faint by hemorrhages while in his office before the truth of his allegation could be established. This is obviously unreasonable.

I shall greatly appreciate anything you may do to afford relief in this case. Under date of November 5 I took the matter up with your representative in Minneapolis, Mr. Alfred S. Thomson.

Very sincerely, yours,

FRANK B. KELLOGG.

DECEMBER 1, 1920.

Hon. FRANK B. KELLOGG,
Senate Office Building, Washington, D. C.

MY DEAR SENATOR KELLOGG: In compliance with your request of November 29 in the case of William B. Callahan (C–447000), a special check covering an amount of $221.54, being an increase from May 1, 1919, to November 30, 1920, will be mailed to Mr. Callahan to-day.

A check for $399.28 was mailed to Mr. Callahan during the month of October.

I have been ill with a bad cold for the past two days and have not had time as yet to examine the compensation file in this case. As soon as I do so I shall notify you of the condition of Mr. Callahan's disability rating. The above information has been procured from the payment section, which has no data as to the disability rating. I consulted them first so that any amount now accrued could be immediately sent to Mr. Callahan.

Yours, respectfully,

W. BISSELL THOMAS,
Associate Counsel.

Payment section advises special check amounting to $221.54 and covering from May 1, 1919, to November 30, 1920, will go out to Mr. Callahan to-day. A check for $399.28 was mailed in October. October check, for $20, was mailed for October.

MAC.

UNITED STATES SENATE,
November 29, 1920.

DEAR SIR: On November 18. 1920, I was advised by your bureau that checks in payment of an award based on total temporary disability ($90 per month) had gone forward to William B. Callahan (C-447000), at 238 Bates Avenue, Apartment 5, St. Paul, Minn.

I am this morning in receipt of a letter from Mrs. Callahan stating that they had not yet received any of these payments and that they are in financial distress and really need these remittances. I hope you will arrange to remit the amount due Mr. Callahan under this award immediately.

In your letter dated November 18 you also stated that if Mr. Callahan desires to submit additional medical evidence to show that he should be considered as totally disabled from a date prior to September 22, 1920, such evidence will receive careful consideration.

I am now advised by Mrs. Callahan as follows:

"Mr. Callahan had several doctors two weeks after he was discharged from the Army. He was in bed three weeks in Toledo, Ohio, and had 13 hemorrhages. Mr. Altier, at headquarters company fire house, on Minnesota and Eighth Streets, here in St. Paul, wrote an affidavit telling of how he and another man assisted me when Mr. Callahan was having a very severe hemorrhage in April. Mr. Altier is one of the head officers in charge of all fire inspectors, and I know would write only the truth. Dr. Geer and Dr. Ramsey wrote one; the men he worked with wrote one, and they have told me of times when he would have them at work and get so weak he would have to lie down on the floor, and they have begged him to go home, but he would not, as he says he could not afford to lose a day. He should have been in bed then, and in May Dr. Geer insisted he should go to bed, but he would not. On September 22 he had a hemorrhage on the street, and the firemen at the Waconta Street barns cared for him. That was the day the American Legion took it in hand and had him placed in the hospital."

The affidavits mentioned by Mrs. Callahan are on file with your bureau, and from Mrs. Callahan's statement it would appear that, if carefully considered, they are sufficient to establish a rating of total permanent disability prior to September 22, 1920.

I shall appreciate very much your courtesy in authorizing a conscientious reexamination of the medical evidence now on file.

Very truly, yours,

Frank B. Kellogg.

Hon. R. G. Cholmeley-Jones,
Bureau of War Risk Insurance,
Washington, D. C.

December 3, 1920.

Hon. R. G. Cholmeley-Jones,
Director Bureau of War Risk Insurance, Washington, D. C.

My Dear Mr. Director: Referring to the compensation claim of Charles B. Ronald (C-262623), corporal, Battery E, One hundred and fifty-first Field Artillery, I beg to advise that prior to the adjournment of Congress you indicated by letter that sufficient medical evidence was not on file to warrant a settlement in Mr. Ronald's favor.

Mr. Ronald was discharged from the service on May 10, 1919, after 18 months' service overseas with the One hundred and fifty-first Field Artillery, Forty-second Division. Shortly after his discharge he applied for compensation and vocational training, and the Vocational Board rated his disability as a majority handicap, and he began a course of training in the University of Minnesota on October 4, 1919. Mr. Ronald was gassed in France, and from May 10 to October 4 was unable to perform any substantial amount of work, and considers that he is entitled to compensation during that period. He has submitted to eight physical examinations, and upon the occasion of the last one was advised by the Public Health Service at Minneapolis that all evidence necessary to the settlement of his claim had been obtained.

This evidence must certainly have been transmitted to your bureau months ago, and I am anxious, if possible, to have a review made of this entire case and compensation granted during the period indicated above.

Please advise me relative to the action your bureau will take respecting this matter.

Very truly, yours,

Frank B. Kellogg.

Treasury Department,
Bureau of War Risk Insurance.
Washington, November 19, 1920.

Hon. Thomas D. Schall,
Minneapolis, Minn.

Dear Mr. Schall: Reference is made to your constituent, Edward J. Jolicoeur, discharged soldier, whose address is Waverly, Minn.

From a careful review of the medical evidence in his file the medical rating already given him is considered commensurate with the surgical disability suffered by him incident to his military service.

There is insufficient evidence in his file to connect his rheumatic condition with his military service, and it will be necessary for him to supply additional evidence in affidavit form showing his rheumatism is of service origin before further action can be taken in his case.

A copy of this letter is inclosed for your use. I am also returning Mr. Jolicoeur's letter to you, a copy of which has been placed in his file.

Yours, very truly,

R. G. Cholmeley-Jones
Director.

November 16, 1920.

Hon. Thomas D. Schall,
Minneapolis, Minn.

Dear Mr. Schall: I have your communication of the 12th instant, inclosing a letter from Mr. E. J. Jolicoeur.

As you know, I have been personally interested in this case since you first called it to my attention, and yesterday I called in person on the medical director of the bureau, with reference to it. We went over the matter thoroughly together, and he assured me the case would be reopened, and that a rating would be given Mr. Jolicoeur commensurate with the actual facts in the case.

I shall do all I can to assist Mr. Jolicoeur in this case, and see that the matter is adjusted as speedily as possible. I am inclosing a copy of this communication with the request that you forward it to Mr. Jolicoeur.

Yours, sincerely,

W. Bissell Thomas,
Associate Counsel Bureau of War Risk Insurance.

Waverly, Minn., *November 10, 1920.*

Hon. Thomas D. Schall,
Minneapolis, Minn.

Dear Sir: Received word from the Bureau of War Risk Insurance this evening that affidavits submitted by me through you were insufficient to connect the disability of rheumatism with the service and they were unable to pay me compensation for same.

Please tell me what to do in regard to this. Am inclosing the letter so you can note contents. I am unable to work and unable to go to school to take up vocational training in my present condition. I have done my best to work since my discharge, but could not stand it. What more can I do to prove that my condition at the present was brought on from the service?

Ever your friend,

Edward J. Jolicoeur (C-175835).

Minneapolis, Minn., *November 12, 1920.*

Mr. W. Bissell Thomas,
Washington, D. C.

My Dear Thomas: Find inclosed letter from Jolicoeur, also a letter to him from the assistant director. It would please me very much if this matter could be adjusted along the lines indicated in Jolicoeur's letter to me. Let me hear from you.

Sincerely, yours,

Thos. D. Schall.

WAVERLY, MINN., *November 10, 1920.*

Hon. THOMAS D. SCHALL,
Minneapolis, Minn.

DEAR SIR: Received word from the Bureau of War Risk Insurance this evening that affidavits submitted by me through you were insufficient to connect the disability of rheumatism with the service, and they were unable to pay me compensation for same. Please tell me what to do in regard to this. Am inclosing the letter so you can not contents. I am unable to work and unable to go to school to take up vocational training in my present condition. I have done my best to work since my discharge. but could not stand it. What more can I do to prove that my condition at the present was brought on from the service?

Ever your friend,

EDW. J. JOLICOEUR (C–175835).

TREASURY DEPARTMENT,
BUREAU OF WAR RISK INSURANCE,
Washington, November 6, 1920.

Mr. EDWARD J. JOLICOEUR,
Waverly, Minn.

DEAR MR. JOLICOEUR: We regret to advise you that our chief medical advisor has rendered an opinion that the affidavits recently submitted by you relative to your claim for compensation are insufficient to connect the disability of rheumatism with the service, and therefore this bureau is unable to pay you compensation for such disability upon the evidence now in the file. As your dental disability has been considered less than 10 per cent, it has been held that the only disability traceable to the military service and which is compensable is the wound of the ankle. Therefore your disability rating has been continued at permanent partial 35 per cent from date of discharge.

All future correspondence relative to this case should bear your full name, rank, and organization, as well as our file number, C–175835.

By authority of the director:

Very truly, yours,

R. H. HALLETT,
Assistant Director,
In Charge of Compensation and Insurance Claims Division.

MINNEAPOIS, MINN., *November 11, 1920.*

Hon. THOMAS D. SCHALL,
Congressman of the United States, Minneapolis.

DEAR SIR: I desire to ask you to assist me in making an application to the War Risk Bureau for my compensation on account of total disability growing out of my military service.

I was in the draft, and then resided at No. 2018 Emerson Avenue North, Minneapolis, Minn. I went into military service at Camp Grant, June 24, 1918, after passing the physical examination before the draft board at Minneapolis. My health up to that time had been good, and I was in good physical condition when I went to Camp Grant. There I passed the military examination again and was assigned as private No. 2084435, in the Infantry service.

After I had been in the service a short time I received the usual medical treatment, and received injections for three different inoculations. Some time afterwards I began to have a severe pain and lameness in my left leg. This trouble seemed to be seated at the knee joint, and particularly under my knee, and for some time was very severe and practically incapacitated me for drilling and other Army duties. The pain and lameness continued more or less during the remainder of my military service.

The trouble continued after my discharge on my return home. I tried to work, and did work several months; but I was never free from this pain and trouble in my knee. After about eight months' time the trouble became so severe that I was compelled to entirely give up my work, and I have been wholly incapacitated on account of it ever since.

I have been to a number of doctors and have been examined for it and have tried my best to be relieved from this trouble; but I am now wholly incapacitated and can get no relief. I have not been able to work for the past 10 months. This is not due to the fact that I did not have work. because I had a good job and could have a good job now with my past employer if I were able to do anything, but I am not.

In my present condition I suffer severe pain constantly. If I attempt to use my leg the pain increases so that it is impossible for me to be on my feet for any length of time. and is so severe that it incapacitates me from any kind of occupation, because it distracts my mind from any work that I attempt to do.

I was discharged at Camp Dodge, Iowa, on the 28th day of January, 1919, and I have had no compensation of any kind from the Government since that time.

I will be glad to furnish you all of the further information. if any, that you need in order to have you lend your assistance to having my claim for compensation allowed.

I wish to say, further. that I am without any means or property of my own. I am at present practically wholly dependent upon my parents, who are themselves without means. My father is in very poor health and ought not to be called upon to support me, for the reason that he is practically unable to take care of himself, and has been sick for many years.

I feel that the Government owes me a prompt adjustment of my claim, and that I am entitled to 100 per cent disability compensation.

Yours, respectfully,

FRED N. BEHMER,
2018 Emerson Avenue North, Minneapolis, Minn.

TREASURY DEPARTMENT,
BUREAU OF WAR RISK INSURANCE,
Washington, October 28, 1920.

Mr. FRED N. BEHMER,
Minneapolis, Minn.

DEAR SIR: The provisons of the war risk insurance act provide that no payments of compensation may be made where the disability is less than 10 per cent or where the disability has no connection with military or naval service.

It further provides that where a claimant has failed to prosecute his case within a reasonable length of time same should be disallowed. Your claim has, therefore, been disallowed for the following reason: Disability less than 10 per cent.

This fact does not, however. preclude you from submitting additional evidence concerning your claim to show that the disability from which you are now suffering is greater than 10 per cent and was incurred in the active military or naval service in line of duty.

All future correspondence on this claim should bear your full name, rank, and organization, as well as your file number C–419125.

By authority of the director.

Respectfully,

R. H. HALLETT,
Assistant Director
In Charge of Compensation and Insurance Claims Division.

STEVENS & STEVENS,
ATTORNEYS AND COUNSELORS,
Minneapolis, November 11, 1920.

Hon. THOMAS D. SCHALL,
United States Congressman,
Minneapolis, Minn.

FRIEND SCHALL: I desire to call your earnest attention to the application of Mr. Fred N. Behmer, of 2018 Emerson Avenue North, this city, for compensation from the Bureau of War Risk Insurance on account of disability which he sustained in the military service.

I knew Mr. Behmer before he went into the service and he was a healthy, able-bodied man, more so than the average. He had steady employment in a good situation and worked all the time.

He went into service at Camp Grant and stayed there eight or nine months, and on his return was suffering from some trouble with his left leg that has since, to my personal knowledge, wholly incapacitated him. He is so lame and suffers such excruciating pain all the time from this trouble in his knee that he has been compelled to give up his work entirely, notwithstanding that he had a good job, where he could have stayed indefinitely; but, due to his trouble, he has been unable to perform any physical or mental work.

He has done everything that he knows of to try to relieve himself of this trouble, and I am informed that he recently, through the advice of some local physician here, had all of his upper teeth extracted, thinking that they were the cause of the trouble and extracting them might bring relief, the theory being that his system was being poisoned through defective teeth. This has brought no relief, and his condition is growing steadily worse.

I am extremely anxious to have you, in your usual painstaking and earnest way, take this matter up at the proper place in Washington and see that this boy gets his compensation. I happen to know that he and his family are in dire need and that his family is unable to take care of him. It is a source of great additional discomfort to him to feel that he must be dependent upon some one, and I feel, and I think you will, that this Government owes him prompt and immediate relief.

When he went into the service he was able and fit, and he has come out of it, for the present at least, a practically hopelessly disabled man, and if there is any case in which a man should have a total disability allownce, this is one, and I ask you, as I know you will do your utmost to give him some relief.

I might mention, also, that Mr. Behmer is one of your constituents, as you will note from the address.

I think some kind of half-hearted previous application has been made to the bureau, which so far has resulted in his receiving a form letter, which is attached to his statement which is handed you herewith, and this letter may be helpful to the department in its investigation. I do not know where they get any idea of a less than 10 per cent disability. There certainly is no license for any conclusion of that kind from this boy's condition. If a thorough investigation is made they will find that his disability is total, for the present at least.

Thanking you in advance for anything you can do in this matter, I am,

Yours, respectfully,

F. H. STEVENS.

MINNEAPOLIS, MINN., *November 12, 1920.*

Mr. W. BISSELL THOMAS,
Washington, D. C.

MY DEAR THOMAS: I am inclosing papers relative to matter of Mr. Fred N. Behmer. I would appreciate very much if you could get this fellow fixed out. It is certainly a deserving case and ought to be attended to immediately.

Your friend,

THOS. D. SCHALL.

NOVEMBER 16, 1920.

Hon. THOMAS D. SCHALL,
Minneapolis, Minn.

DEAR MR. SCHALL: I am in receipt of your favor of the 12th instant, inclosing communications from Stevens & Stevens and Fred N. Behmer.

I made a personal call on Dr. Rogers, the medical director of the bureau, with reference to this case, and he asked me to inform you that a change in the personnel of the Public Health Service had been ordered and that better service was expected hereafter. Dr. Rogers interested himself personally in Mr. Behmer's case and assured me that it would be speedily adjusted in accordance with the actual facts. I shall keep the case on my calendar and see that it is hurried through its various necessary steps as speedily as possible.

As I have frequently explained to you, we are dependent on the physicians of the Public Health Service for medical examinations outside of Washington, and we are obliged to give a rating of disability in accordance with the reports of these examinations. We have no immediate control over the Public Health Service, which is a coordinate branch of the Treasury Department.

I am inclosing two copies of this letter with the request that you forward one of them to Mr. Behmer, 2018 Emerson Avenue North, Minneapolis, Minn., and one to Stevens & Stevens. Be good enough to assure the Messrs. Stevens & Stevens that I should be glad to hear from them direct in any matter in which they may be interested.

Yours, sincerely,

W. BISSELL THOMAS,
Associate Counsel, Bureau of War Risk Insurance.

HOPKINS, MINN., *November 4, 1920.*

Hon. THOS. SCHALL.

DEAR FRIEND: Appreciate it very much if you will suggest speed on getting me out to sanatorium in Colorado.

Yours, truly,

EMIL E. HOLMES.

P. S.—Number of things which I could take up, but health must come before them all.

MINNEAPOLIS, MINN., *November 6, 1920.*

Mr. W. BISSELL THOMAS,
Washington, D. C.

MY DEAR THOMAS: Find inclosed letter from Emil E. Holmes, of Hopkins, Minn. Emil is looking awfully bad, and there ought to be some arrangements made to get him out in Colorado before he is too weak to go. This is a good time.

My plurality is about 40,000.

Your friend,

THOS. D. SCHALL.

MINNEAPOLIS, MINN., *October 26, 1920.*

Mr. W. BISSELL THOMAS,
Washington, D. C.

FRIEND THOMAS: Find inclosed a letter from Mr. Harry C. Blunt, a mighty good friend of mine. Will you kindly look up his compensation claim and advise him. Send me copy of reply for my files.

Your friend,

THOS. D. SCHALL.

HOPKINS, MINN., *October 20, 1920.*

Congressman THOMAS SCHALL.

DEAR SIR: Replying to your request that I write you regarding my case, will say that I have complied with all instructions received from the Bureau of War Risk. I answered their request for further medical evidence and affidavits on service on the 20th of September. I don't think I am getting service in this matter. Being a married man with five dependents, it is imperative that I receive same.

Thanking you in advance for your consideration in this matter, I remain,

Yours,

HARRY C. BLUNT.

HOPKINS, MINN., *August 11, 1920.*

Mr. W. BISSELL THOMAS,
Washington, D. C.

DEAR SIR: Yours of August 5 received, and I have informed Mr. Blunt of your instructions. He informs me that he called at office of Public Health Service and was told the report on his case was sent; but as he could not learn date it was sent, am inclined to think it is not as yet on the way. He is also writing, as instructed, the Claims Division, Bureau of War Rsk.

Nothing would appeal to me as much as a position of investigator for the Government on this question of disabled soldiers. I would get them all. Where I found a soldier trying to put over a fraud, would give as strong a report as I would a crook who was sitting as high god in Federal Board of

Vocational training or some other department. My method would be to take case by case, trace them all down who claimed to have been wronged or misplaced in school, etc. My first act would be to call a meeting of the American Legion, Veterans of Foreign Wars, and World War Veterans, and War Risk officials and get their cooperation. Could you inform me how to proceed to obtain such appointment?

Please give my regards to Mr. Schall should you see him, and tell him that the campaign on State officials is going to be red-hot in short order in Minnesota.

Yours, very respectfully,

EMIL E. HOLMES.

AUGUST 5, 1920.

Mr. EMIL E. HOLMES,
Hopkins, Minn.

DEAR SIR: Mr. Thomas D. Schall has referred to me for action your communication to him of July 14 last referring to the matter of Harry C. Blunt.

I have had the records of the bureau in Washington thoroughly searched, and no record of the case has yet reached here. I suggest that you have Mr. Blunt call at the Minneapolis office and insist that his papers be forwarded promptly. Also have him write a letter direct to the Compensation Division, Bureau of War Risk Insurance, Washington, D. C., informing them of his disability and requesting compensation. Unfortunately we are dependent on the Public Health Service for all matters arising outside of Washington, and we have no authority over them.

I shall be glad to hear from you at any time you can furnish further facts in this case, and shall, of course, be pleased to do everything possible to secure a speedy adjustment.

I saw Mr. Schall for a few moments yesterday, and he urged me to do all that could be done to hurry this case along.

Yours, truly,

W. BISSELL THOMAS,
Legal Division, Bureau of War Risk Insurance,
Washington, D. C.

HOPKINS, MINN., *July 14, 1920.*

Hon. THOMAS D. SCHALL,
Washington, D. C.

DEAR FRIEND: During the past few weeks a case has come to my attention which I believe should be taken care of, so I therefore guided the man down to the Bureau of War Risk Insurance, and he was examined on July 2 by their doctors.

This man is Mr. Harry C. Blunt, of this place, and, to make the case worse, he is a married man with four small children. This more than anything else caused me to become interested. I find it is hard work to make both ends meet as a disabled man, God knows what I would do if I had such a number of dependents. Believe that you might be able to bring about an early decision in the case by writing the Bureau of War Risk Insurance at Washington, D. C., where the case should by this time be due to come up for consideration.

Nothing new, but as I am keeping in close touch with the situation will be able to let you know when something does turn up.

Your sincere friend,

EMIL E. HOLMES.

MERCHANTS' NATIONAL BANK BUILDING,
St. Paul, Minn., August 4, 1920.

DEAR SIR: Referring to compensation claim No. 25782, instituted by W. E. Hunt, jr., room 203, Mound Park Sanitarium, it is understood that this particular case is now pending before your board of appeal.

It appears that Mr. Hunt, while in the military service, suffered an injury of the left shoulder, which necessitated the removal of a part of his collar bone. As an incident to this injury he has endured practically a total nervous collapse and, I am informed, has been pronounced permanently and totally disabled by a large number of examining medical men.

At the present time he is receiving a compensation amounting to $40 a month, which, in view of his condition, is palpably inadequate. It appears that his case is one which has not received proper attention, the real merits having been neglected, and I am anxious that a review be accomplished to the end that his compensation may be advanced to the point where it will adequately cover the injury he has sustained.

I shall appreciate thoroughly your kindness in authorizing an investigation and advising me of results.

Very truly, yours,

——— ———.

Hon. R. G. CHOLMELEY-JONES,
Director Bureau of War Risk Insurance,
Washington, D. C.

MERCHANTS' NATIONAL BANK BUILDING,
St. Paul, Minn., August 6, 1920.

DEAR MR. HUNT: Conforming to the promise I made you by telephone recently, I beg to advise that this office has taken up with the Director of War Risk Insurance the matter of the adjustment of your compensation.

I shall let you know as soon as a reply has been received.

Very sincerely, yours,

——— ———, *Secretary.*

Mr. W. E. HUNT, Jr.,
Mound Park Sanitarium,
St. Paul, Minn.

MERCHANTS' NATIONAL BANK BUILDING,
St. Paul, Minn., September 1, 1920.

DEAR SIR: Under date of August 4 I wrote you as follows:

"Referring to compensation claim No. 25783, instituted by W. E. Hunt, jr., room 203, Mound Park Sanitarium, it is understood that this particular case is now pending before your board of appeal.

"It appears that Mr. Hunt, while in the military service, suffered an injury of the left shoulder, which necessitated the removal of a part of his collar bone. As an incident to this injury he has endured practically a total nervous collapse and, I am informed, has been pronounced permanently and totally disabled by a large number of examining medical men.

"At the present time he is receiving a compensation amounting to $40 per month, which, in view of his condition, is palpably inadequate. It appears that his case is one which has not received proper attention, the real merits having been neglected, and I am anxious that a review be accomplished to the end that his compensation may be advanced to the point where it will adequately cover the injury he has sustained."

I have as yet received no reply to this communication, and in view of the fact that Mr. Hunt is anxiously awaiting receipt of a report, your kindness in investigating this case at the earliest possible date will be appreciated.

Very sincerely, yours,

——— ———.

Hon. R. G. CHOLMELEY-JONES,
Bureau of War Risk Insurance,
Washington, D. C.

MERCHANTS' NATIONAL BANK BUILDING,
St. Paul, Minn., September 1, 1920.

DEAR MR. HUNT: Referring to your compensation claim, which my secretary has brought to my attention upon my return. I regret to advise that the efforts of this office to obtain a report from the Bureau of War Risk Insurance have not as yet been successful.

The matter is again being taken up to-day, and I hope within a reasonable time to be able to advise you.

Very sincerely, yours,

——— ———.

Mr. W. E. HUNT, Jr.,
Mound Park Sanitarium, St. Paul, Minn.

SEPTEMBER 10, 1920.

Hon. FRANK B. KELLOGG,
Merchants' National Bank Building,
St. Paul, Minn.

DEAR SENATOR KELLOGG: I am in receipt of your favors of August 4 and September 1 relative to the compensation of Sergt. William Edgar Hunt, jr. (C–25782), formerly sergeant, Three hundred and thirty-eighth Regiment, Company G.

The files of the case disclose that an amended award was made in favor of the claimant entitling him to receive monthly payments of $50 from July 25, 1918, to July 10, 1920, and monthly payments of $25 from the last-mentioned date on, and that checks for such payments have been regularly dispatched.

The matter of total-disability compensation on account of hospitalization has been taken under advisement. Definite information awaits the action of the district supervisor, United States Public Health Service. It appears that various reports received in this bureau are in conflict with reference to the dates and places of hospitalization. A definite report upon which it will be possible to increase compensation to the monthly amount of $80 is expected within a week or 10 days. Prompt action will be taken at that time.

The matter of reimbursement for certain bills incurred in connection with the treatment of this claimant was taken up with Mrs. W. E. Hunt, the Stratford, Fargo, N. Dak., in a letter from this office dated August 7, when she was advised to submit certified copies of the receipted bills for these expenses, that the bureau might consider their payment. There has been no response to this letter up to the present time, but the matter will be given immediate consideration when the certified copies of bills are presented.

All communications relative to this case should bear the number C–25782 and the claimant's full name and address.

I am pleased to inclose a copy of this letter for your use.

Very truly, yours,

R. G. CHOLMELEY-JONES, *Director.*

MERCHANTS' NATIONAL BANK BUILDING,
September 14, 1920.

DEAR MR. HUNT: Inclosed herewith please find a letter from the Director of the Bureau of War Risk Insurance relative to your compensation. You will note that the matter of an award based upon a total disability rating is pending; and I am to-day taking up with the district supervisor of the Public Health Service the matter of expediting a definite report.

In the event you have any comment or suggestions to make I shall be very glad indeed to have your advice.

Very sincerely, yours,

——— ———.

Mr. W. E. HUNT, Jr.,
Mound Park Sanitarium, St. Paul, Minn.

MERCHANTS' NATIONAL BANK BUILDING,
St. Paul, Minn., September 14, 1920.

DEAR SURG. GUTHRIE: I have become interested in the compensation case of Sergt. William Edgar Hunt, jr. (C–25782), and have been in communication with the Bureau of War Risk Insurance at Washington. The director of the bureau advised me under date of September 10, as follows:

"The matter of total disability compensation on account of hospitalization has been taken under advisement. Definite information awaits the action of the district supervisor, United States Public Health Service. It appears that various reports received in this bureau are in conflict with reference to the dates and places of hospitalization. A definite report upon which it will be possible to increase compensation to the monthly amount of $80 is expected within a week or 10 days. Prompt action will be taken at that time."

In view of the fact that this case has been pending for a considerable length of time, and since Mr. Hunt has expressed a great deal of anxiety concerning it, I shall very much appreciate your kindness in expediting the report requested by the bureau and advising me when it has been transmitted to the bureau.

Very truly, yours,

——— ———.

Surg. M. C. GUTHRIE,
District Supervisor, Bureau of Public Health Service,
Kieth-Plaza Building, Minneapolis, Minn.

MERCHANTS' NATIONAL BANK BUILDING,
St. Paul, Minn., September 21, 1920.

DEAR SIR: Referring to the matter of total disability compensation on account of hospitalization in the case of William Edgar Hunt, jr. (C–25782), formerly sergeant Three hundred and thirty-eighth Regiment, Company G, which you promised to take under advisement in your letter of September 10, I have been informed by Dr. M. C. Guthrie, district supervisor of the Public Health Service, Minneapolis, that a definite report as to hospitalization has been forwarded to you, and also that this claimant is now hospitalized at the United States Public Health Service Hospital, Knoxville, Iowa, from which place a full report has been forwarded by the medical officer in charge.

I earnestly urge that your bureau exert every effort to promptly examine these reports and act upon the same to the end that Mr. Hunt's compensation may be increased in such an amount as will adequately compensate him according to his present condition.

Very sincerely, yours,

——— ———.

Hon. R. C. CHOLMELEY-JONES,
Bureau of War Risk Insurance, Washington, D. C.

SEPTEMBER 21, 1920.

DEAR MR. HUNT: As I indicated in my letter of September 14, I have taken up the matter of obtaining a definite report from the local branch of the Public Health Service in connection with total disability compensation on account of hospitalization.

I am inclosing herewith Dr. Guthrie's letter, dated September 20, indicating that such a report has been forwarded to the Bureau of War Risk Insurance.

I shall be glad to again take the matter up with the bureau and will keep you advised of the reports I receive.

Very sincerely, yours,

——— ———.

Mr. W. E. HUNT, Jr.,
United States Public Health Service Hospital, Knoxville, Iowa.

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3 STRATFORD,
Fargo, N. Dak., September 28.

MY DEAR SENATOR KELLOGG: I am writing to thank you for your kind letter of September 14 to my poor boy, W. E. Hunt, jr., which was forwarded to me from Mounds Park Sanitarium, as they have taken him to the United States Public Health Service Hospital No. 57, at Knoxville, Iowa. The boy was always a great admirer of yours and with his father worked hard for you when Mr. Hunt had the Comstock Hotel in Moorhead, Minn. Will you kindly, as a favor to the boy and his mother, wire (at my expense) the United States Public Health Service at Washington and ask them to increase W. E. Hunt, jr. compensation, No. C 25782? The Government has treated him shamefully. They were only giving him $40 a month, and last month cut it to $25. He not only received a permanent injury to his collar bone and arm while in the service at Camp Custer, but has since suffered a serious nervous breakdown and has not earned a dollar a year and will not be able to for some time to come. He gave up a fine automobile business to enlist. Col. Charles A. Barlow, the senior surgeon in charge at Knoxville, writes me, "The boy suffers considerably from the injury to his arm and collar bone, insomnia, and is extremely nervous and flighty at times." The last time I was with the boy he said: "Mother, please write my friend, Senator Kellogg; he will see that I get fair treatment." Everyone says the boy is entitled to one hundred a month. Boys here who are working every day are receiving $80. They wrote from Washington they were considering eighty; but whatever they allow him, it should be from the day of the injury, and they certainly should act at once, as we have been under a terrible expense. He is the only boy we have, and you have no idea what Mr. Hunt and I have been through in the last year. Anything you can do for us toward getting fair treatment for the boy will be greatly appreciated by his father and mother.

Mr. and Mrs. W. E. Hunt, Sr.,
Fargo, N. Dak.

Please let me know the expense in wiring Washington.

United States Public Hospital,
Knoxville, Iowa, October 1, 1920.

Dear Senator Kellogg: Your very kind and appreciated letter of the 21st instant was received by me, and I wish to thank you for the interest you have shown in my behalf, and trust by this time you have some more information from Washington. I am sorry to tell you, Senator, of the conditions which exist in this place for inebriates they have sent me to as a nervous patient, among men who are out of their minds entirely or affected with the syphilis or other venereal diseases, and the men who are clean have to use the same toilets, washbowls, and take baths in the same tubs with them. There is not even screens on the windows, and the place is alive with flies and bugs at night. We are barred in like prisoners and I can assure you, Senator, conditions are awful. I wish you would send a representative Republican down here just to show the outside world what matters are like and how the boys who were willing to give up their lives for their country are still treated under Mr. Wilson's administration. I assure you it would be a revelation to the people of America. Most all the Army surgeons here are southerners, and you realize, Senator, what that means. I have myself asked to have an aching tooth attended to over 10 days ago, and they only listened to me yesterday and sent me, under guard, to town, and I was forced to lose the tooth when the dentist informed me it was badly affected and started to ulcerate, and in my nervous condition I walked the floor for three nights. They have no means whatever of giving these boys medicine, and it is simply murder under cover of the United States Public Health Service. I want you, Senator, to have me released from here at once, as I lost everything I had in the service and have been pronounced totally disabled by over 30 Army doctors over a year ago, as I lost the use of my left arm by having half of the collar bone removed while in active service and received the sum of $15 per month, and also my nerves were shattered so I have not averaged 4½ hours sleep since being discharged in July, 1918, and have incurred all the expenses of hospitals myself and given up an established business to enlist for my country. I would rather be in the city hospital in St. Paul, where I could receive much better care, and I have relatives who will lend me the money to go other places for treatment for my nerves and stomach; but this place, Senator, I assure you, will drive me mad, seeing our boys with their minds gone. I was told what a beautiful place this was and well equipped to take care of a case like mine, which was, I can assure you, a downright lie. Can't you manage the matter, Senator, to have some influential Republican in Iowa visit this so-called hospital and ask to see me, and I can show him what conditions are here? We have no amusement of any kind, and it is such an out-of-the-way place the Red Cross will not stay here, as one lady of the Red Cross came here and left. I want to be back by the 1st of November to help the Republican cause and forever sweep these Wilsonites out of power, so that you and myself, Senator, will not see them return in our day. Can't you have my compensation set for me at once and have me released from the Public Health Service? We have about 18 members of the American Legion here, who all feel the same as I do in this matter—that is to say, that men with nervous breakdowns should be away from cases of absolute incurable insanity and the venereal diseases. Please do not take this matter up with the head of this institution and mention my name, as you realize, Senator, what a soldier is up against; but I believe in the same principles you expressed in regards the League of Nations. Settle this matter and settle it at once, which I assure you are my sentiments. There is a head nurse here who is running this institution, and we inmates never see the colonel in charge. I can assure you she does not express the feeling of a real Red Cross nurse. No man can realize how our boys here are suffering from want of medicines and proper care. Please drop me a line, Senator, and let me know when I can expect to be released from here, as I assure you all matters as stated to you are correct. Trusting things in good old Minnesota will assure yourself and the Republicans a splendid victory, I am,

Very sincerely, yours,

William E. Hunt, Jr.

P. S.—Do not take this matter up with the United States Public Health Sevice of Minneapolis only in regard to transferring back there, as they will put these Democrats here on their guard before we can have a proper representative visit me, either sent by you or some national officer I am acquainted with in the American Legion.

Very sincerely, yours,

William E. Hunt, Jr.

1512 Merchants' National Bank Building,
St. Paul, Minn., October 19, 1920.

Dear Mr. Hunt: For your information, I am inclosing herewith a copy of a letter I have received from the Bureau of War Risk Insurance relative to the final disposition of your son's claim for compensation.

I have also received a letter from your son complaining about conditions which he alleges exist in the hospital at Knoxville. He has requested, however, that I do not take the matter up with the Public Health officials, either here or in Washington, and I have no other means at my command to remedy such a situation. Therefore, I am somewhat at a loss to know what to do.

I understand, however, that your son is communicating with the American Legion, and I hope that the matter may be corrected in this manner.

Sincerely, yours,

——— ———.

Mr. W. E. Hunt,
3 Straiford, Fargo, N. Dak.

1512 Merchants' National Bank Building,
St. Paul, Minn., October 19, 1920.

Dear Mr. Hunt: I am inclosing herewith a letter from the Bureau of War Risk Insurance which indicates the disposition that has been made of your claim. I hope that the settlement stated in this letter is satisfactory to you.

In view of the fact that the Republican campaign in his State has been conducted since the 1st of October and I have been touring the State making speeches under the auspices of the State central committee, I have had little or no time in which to properly acknowledge letters I have received.

I do not know what arrangements I can make to accomplish a private investigation of conditions of which you complain at Knoxville. In the event the American Legion fails to act and if conditions are not bettered, I shall be glad to have your permission to request an investigation by the Public Health authorities in Washington, D. C.

I regret exceedingly the delay that has occurred in answering your letter, but under the circumstances I have stated it has been unavoidable.

Sincerely, yours,

——— ———

William E. Hunt, Jr.,
United States Public Health Hospital,
Knoxville, Iowa.

Mrs. W. E. Hunt,
The Stratford, Fargo, N. Dak.

Dear Mrs. Hunt: In further reference to the action taken by this bureau regarding the claim of your son, William E. Hunt, jr., formerly of the above rank and organization, now a patient in the United States Public Health Hospital No. 57, Knoxville, Iowa, for compensation, and also your reimbursement for expense incurred incident to his medical treatment. you are advised as follows:

Evidence in this case has now been completed, and the claimant's disability has been rated as permanent partial, 50 per cent, from the date of discharge until January 10, 1920; as temporary partial. 87½ per cent, from January 11, 1920, to April 30, 1920, and as temporary total thereafter. He is therefore entitled to monthly payments of $50, $70, and $85 during these respective periods. It appears, however, that he is now mentally incompetent to attend to his own affairs and it is therefore impossible to make payments to him direct.

This bureau has perfected arrangements by authority of the act of October 6, 1917, under which it will be possible to furnish your son all comforts and desires from the compensation accruing to him and hold the balance to his credit until such time as he may be able to assume control of his financial affairs. You are, however, privileged, if you so desire, to have a guardian appointed to receive the payments due. If such action is contemplated, this bureau should at the proper time be furnished with certified copies of the letters of guardianship, when an award will be approved for payment.

As you have been previously advised, the matter of reimbursement of certain medical expenses incurred on account of your son's disability will receive attention as soon as fully itemized bills have been submitted to the bureau in the manner described to you in previous correspondence.

Very truly, yours,

R. G. CHOLMELEY-JONES,
Director.

UNITED STATES PUBLIC HEALTH HOSPITAL,
Knoxville, Iowa, October 25, 1920.

MY DEAR SENATOR: Your very kind and appreciated letter of October 19, 1920, in regards my compensation for injuries received in the service was received to-day, and I surely wish to thank you for your interest shown in my behalf, and only wish I was able at the present time to be in good old Minnesota to be of what assistance I could in the coming campaign, which I am sure will end in a big victory for the G. O. P. In regards the letter you inclosed in referring to my compensation, I can not understand how they have classified me as temporary total, as I have been examined by over 20 Army doctors and pronounced total disability, as I have lost the control of my left shoulder and arm, besides other complications, and have suffered a severe nervous breakdown, due to the injury to my shoulder. I wish you would look into this matter for me and advise me on whose recommendation this partial disability award was made, as I have been unable to even attempt to return to my business since my injury, which occurred July 5, 1918, and up to the time I entered this hospital, September 15, 1920, have been under the doctor's care and in the hospital most of the time. My shoulder was broken so badly that the collar bone was removed and has given me trouble continuously since the above-mentioned date. Thanking you for your many favors shown me and assuring you they are greatly appreciated, I am,

Your sincere friend,

WILLIAM E. HUNT, Jr.

MUDBADEN SULPHUR SPRINGS HOTEL,
Jordan, Minn., November 15, 1920.

Senator FRANK B. KELLOGG,
Washington, D. C.

MY VERY KIND FRIEND: I want to thank you for the very kind interest you have taken in our son, William E. Hunt, jr., who thinks so much of you. We were obliged to take him from the Government hospital at Knoxville, as I know you will agree with me that an insane hospital is not the place for a boy suffering from a nervous breakdown caused from an accident received while in active service. It is too bad that our Government, with all their money, could not have hospitals for sick and nervous soldiers and give them a chance for their lives and minds without putting them in with insane people. That is what put our boy in this dreadful condition in the first place. If we had not taken him away he would not have had any mind left. I have him now at Mudbaden; quite an expense, but the boy is entitled to a chance for his life. He was not drafted—enlisted and gave up a splendid business. He has not worked for a year and will not be able to in some time, although he is improving each day. His nervous system—from being obliged to associate with insane people—is in bad shape. I went into St. Paul yesterday to have a little visit with you and to ask if you would do a favor for me, but was disappointed to find you had left for Washington. In your letter to my son of October 19 you inclose one from the Bureau of War Risk in which they say: "Evidence in this case has now been completed and the claimant's disability rated, and Mr. Hunt is therefore entitled to monthly payments of $50, $70, and $80." They asked for a guardian to be appointed. His father, W. E. Hunt, sr., was appointed and a copy of guardianship papers forwarded to Washington, but they have not sent any of his compensation. Will you kindly ask the cause and delay in this neglect? There is no excuse for it, as we have complied with all their requests. It is most urgent that the boy should have it, as he has spent every cent that he had seeking health. Also in this letter they sent you they say, "In the matter of reimbursements of medical expense incurred by Mrs. Hunt on account of her son's disability will receive attention as soon as fully itemized bills have been submitted to the bureau in the prescribed manner." I took all the receipted bills to an attorney and had them sworn to and sent them to Washington. They sent word they wanted the original bills. They were sent in at once. Now, they have not paid any attention to this or sent me one dollar. You have no idea what this year's illness has cost the boy, his father, and mother, and I feel sure you will help me in this matter. We were all delighted in our part of the country to hear of your reelection. I remember with much pleasure meeting you when Mr. Hunt was proprietor of the Comstock Hotel in Moorhead. He and the boy were two of your greatest supporters; in fact, W. E., jr., for whom I ask these favors of you, was so happy in organizing a Kellogg club among the young men. Trusting you will be able to hurry the Bureau of War Risk, and again thanking you,

Most sincerely,

JANET R. HUNT.

NOVEMBER 17, 1920.

Hon. FRANK B. KELLOGG,
Senate Office Building, Washington, D. C.

MY DEAR SENATOR KELLOGG: I am pleased to be able to inform you that a compensation award of $80 a month has been allowed Mr. Hunt, and that a check to cover the same, together with the accrued back payments, will go forward in due course.

I shall have the case marked special in the payment section, and see that no unnecessary delay occurs in forwarding the check.

Yours, sincerely,

W. BISSELL THOMAS,
Associate Counsel Bureau War Risk Insurance.

UNITED STATES SENATE,
November 23, 1920.

W. BISSELL THOMAS, Esq.,
Associate Counsel Bureau of War Risk Insurance,
Washington, D. C.

DEAR MR. BISSELL: Referring to your letter of November 18, regarding the case of William Edgar Hunt, jr. (C-25782), you do not mention therein the date from which the total-disability award is to be effective.

If, without too much trouble, you can give me this information, I shall very much appreciate it.

Sincerely, yours,

FRANK B. KELLOGG.

JULY 30.

MR. HERSEY: Mr. Hunt, of room 203, Mound Park Sanitarium, asks you to call him.

1512 Merchants National Bank Building,
St. Paul, Minn., September 17, 1920.

Dear Sir: Referring to the compensation case (C–374949) of Donald H. Daimond, private, Company F, Three hundred and fifty-seventh Infantry, Ninetieth Division, I have just received advice to the effect that it is the opinion of your bureau that the claimant's disability is not of a compensable degree, and that his disability can not be connected with military service. His claim has therefore been disallowed.

I have just interviewed the parents of this claimant, who advise me that they can not understand this holding. Their son, Donald, was accepted for military service without any question, and after five weeks' training was sent overseas, where he entered active service, during which he was the victim of shell shock. Upon his return to this country, he was sent to Fort Porter, where his parents visited him during his treatment in the Army hospital there, and they testify to his complete nervous breakdown as the result of the shell shock mentioned.

When he was discharged from the Army the notation was made on his certificate that his condition was poor, and since his discharge he has not been able to obtain steady employment by reason of his affliction, which must certainly be incident to military service. At the present time this claimant is employed by the Northern States Power Co., and his parents both testify that at times he is completely disabled by reason of sciatic nerve trouble.

This is one of the cases where the injury received in military service, regardless of medical reports submitted to the contrary, will doubtless continue for an indefinite period, impairing the efficiency and ability of this man to work. I can not understand how the medical authorities in charge of this case can pass upon it adversely, and in such a manner that their reports will doubtless preclude this man from the benefits of a pension at a future date, should a pension become necessary.

I wish you would be kind enough to make a thorough investigation of this case, in order to determine the exact cause for this injustice, advising me of your findings at your earliest convenience.

Most sincerely, yours,

——— ———.

Chief Medical Adviser,
Bureau of War Risk Insurance, Washington, D. C.

October 11, 1920.

Hon. Frank B. Kellogg,
St. Paul, Minn.

Dear Senator Kellogg: Supplementing my letter of September 28 regarding the compensation claim of Donald H. Diamond, I regret to advise that our board of appeals has reviewed this case and concluded that insufficient evidence is in file to establish a connection between Mr. Diamond's present disability and his military service. Accordingly no compensation may be paid under the provisions of the war risk insurance act, unless he submits further evidence which proves that his present affliction is of military origin.

It is suggested that he procure and submit affidavits from such doctors as may have treated him since his separation from the Army, and affidavits from former soldier comrades, if possible, which will tend to show that his present physical condition is the result of disability incurred while a soldier.

All future correspondence relative to this case should bear the claimant's full name, former rank and organization, as well as the file number, C–374949.

I am pleased to inclose a copy of this letter for your use.

Very truly, yours,

R. G. Cholmeley-Jones, *Director.*

United States Senate,
November 15, 1920.

W. Bissell Thomas, Esq.,
Bureau of War Risk Insurance,
Washington, D. C.

My Dear Mr. Thomas: For practically a year I have had up with your bureau the compensation case of Donald H. Diamond (C–374949).

I am inclosing herewith a copy of a letter addressed by me to your bureau under date of September 17, 1920, which sets forth clearly my feelings with regard to this particular case.

I am inclosing herewith also a copy of the reply I received, which tells its own story.

It seems to me that the holding of the bureau is entirely arbitrary, and I feel that if some one capable of a real interest in cases of this kind would investigate it the decision of the board of appeals may be reversed. I feel that all the evidence on file in your bureau has not been considered thoroughly, and I shall appreciate your kindness in examining the previous papers on file, since I know that this man received a serious shell shock in action, and I can not conceive of any reason which should bar him from compensation, since any ordinary mind can connect his present disability (sciatic nerve trouble) with the injury he received in the service.

Very truly, yours,

Frank B. Kellogg.

November 17, 1920.

Hon. Frank B. Kellogg,
Senate Office Building, Washington, D. C.

My Dear Senator Kellogg: Replying to your communication of the 15th, with reference to Mr. Daimond's case, the files disclose that no real medical examination seems ever to have been made. On July 9, 1920, Mr. Daimond was examined by one Dr. W. D. Brodie, who reported simply what Mr. Daimond told him as to the trouble he had with his leg while in the service, stating that any disability, if such existed, was less than 10 per cent, and that the only derangement noticed was the nervousness of the claimant. Dr. Brodie also stated that the claimant was referred to an attending neurologist, Dr. Hengstier. There is a communication in the files from Dr. Hengstier, dated July 13, 1920, which is also entirely negative. Dr. Hengstler sums up his diagnosis as follows: "One can not make a diagnosis of neurological disease here at present; whether this is a mild mental state or just an irritable disposition, it is impossible to tell."

This is the only medical information which was in the possession of the bureau. When the case went twice before the board of appeals, their ruling was evidently passed on these reports.

I would suggest that Mr. Daimond procure reports of medical examination from his own physician in the form of an affidavit, and that the same be forwarded to me personally upon its receipt.

As I mentioned in a recent communication of mine, there is always a disposition to accept the facts of a case as they are presented, as it is much easier and less troublesome than going behind their presentation.

This seems to be an instance in which that was done, and if the facts, as now before the bureau, are going to be accepted as conclusive, I can readily see how the bureau would not be justified in awarding compensation. There is, however, no reason why the real facts of the case should not be presented and acted upon.

Yours, sincerely,

W. Bissell Thomas,
Associate Counsel, Bureau War Risk Insurance.

United States Senate,
November 10, 1920.

Mr. W. Bissell Thomas,
Bureau of War Risk Insurance, Washington, D. C.

My Dear Mr. Thomas: Confirming conversation I had with you this morning relative to the compensation claim of John L. Golob (C–372178), I want to assure you in writing that both my secretary and myself know positively that Mr. Golob has been incapacitated since the date of his discharge on August 1, 1920, and. beyond peradventure, is entitled to an award of compensation based on total temporary disability.

While at Hibbing on October 29 we interviewed Mr. Golob, and also a number of prominent business men who voluntarily related the circumstances surrounding his case. Mr. Golob is the only Hibbing boy who was wounded during the war, and consequently the entire village is interested in his case, knowing that he has been unable to obtain compensation from the Government. Mr. Golob and his friends, however, simply expressed the opinion that his case had been treated perfunctorily, and none of them expressed the slightest animosity. They felt, of course, that if your bureau had the matter properly brought to its attention it would be adjusted to their entire satisfaction.

Since I have been commissioned by them to present the claim to your bureau, I appreciate deeply the courtesy you showed in making inquiry of my secretary relative to the case, and I feel that your bureau will do everything in its power to adjust this claim on the basis of total temporary disability from August 1, 1920.

Assuring you of my best thanks for the attention you have already bestowed upon the matter I am,

Very sincerely, yours,

FRANK B. KELLOGG.

UNITED STATES SENATE,
November 15, 1920.

W. BISSELL THOMAS, Esq.,
Bureau of War Risk Insurance, Washington, D. C.

DEAR MR. THOMAS: When I returned to Minnesota last June I was interviewed by Mr. Anthony C. Disterhoff, of Silver Lake, Minn., relative to an award of total permanent disability. The record will show the United States Public Health Service has hospitalized this man for a long period of time. His case is one of quite severe intestinal adhesions, and after interviewing Mr. Disterhoff three times I was convinced that he should be entitled to an award of total temporary disability, since his nervous system is completely shattered and he affirmed that he could not sleep nights on account of the pain which his affliction caused him.

I think the hospital authorities were too severe in their treatment of this patient. His name, in the first place, attached to him a certain odium, and also the accent with which he speaks. He is exceedingly nervous and petulent, which is due to his broken-down condition. They finally reached the point where not being able to tolerate him any longer they told him to go home and go to work, which constituted an injustice, since Mr. Disterhoff is absolutely incapable of performing any kind of work.

As I say, he should be receiving compensation based on a total temporary disability award. I am not sure that such an award has been granted. Mr. Disterhoff considers that he is entitled to total permanent disability compensation, but even though the medical records afford him this finding I do not think it would be advisable to make such an award in his case on account of the psychic effect it would have on this patient.

I am interested in knowing whether he is receiving compensation based on a total temporary disability award and whether, under the law, the Government assumes the burden of paying his insurance premiums. It is my impression that the law provides such relief, but it may be that I have in mind one of the bills which failed of passage last June.

Thanking you in advance for your advice, I am,

Very sincerely, yours,

FRANK B. KELLOGG.

Mr. THOMAS. I want to call the committee's attention to just one among these, the case of Milford A. La Fleur. In that case the man had been taking vocational training and was discharged by the Vocational Training Board because he was bedridden; he is still bedridden in the St. Barnabas Hospital, Minneapolis, and he finally got his compensation, but I had to do a great deal of work myself in order to get it back for him. Col. Hallett's letter to Miss Rebecca Cassell, of the American Red Cross, is as follows:

> In reply to your telegram of October 11. 1920, we have the honor to advise you that compensation payments have been resumed in the case of the above-entitled claimant in the amount of $63.33 for a temporary partial disability of 66⅔ per cent, effective April 1, 1920, at which time he discontinued his vocational training.

This letter is dated October 20, 1920. It took from April 1 to October 20 to resume compensation payments to a bedridden patient, with a wife and two children to support; it took that long after his discharge by the Vocational Training Board.

There is just one other matter which I want to call to the committee's attention, and that is with reference to remarks I made last Wednesday about the rating of disability, treating it purely as a medical question instead of an economic question. There is a letter here from Col. Cholmeley-Jones to Mr. Schall in connection with the case of Edward J. Jolicoeur (C–175835), in which he says, in part:

> From a careful review of the medical evidence in his file, the medical rating already given him is considered commensurate with the surgical disability suffered by him incident to his military service.

That, I think, is conclusive in substantiating what I said last Wednesday, that disability is treated by the Bureau of War Risk Insurance wholly and purely as a medical question and not at all as an impairment of earning capacity.

Here is the case of a tubercular patient who was almost on his deathbed before he could get any treatment at all by reason of the mix-up between the Public Health Service and the War Risk Insurance Bureau.

Now, Mr. Sweet, do you desire me to take up Mr. Schall's questions?

Mr. SWEET. They are questions submitted by Congressman Schall, of Minnesota, and I think you have covered most of them, but I thought it would be best to make his letter a part of your statement before the committee.

Mr. THOMAS. The first question is:

> In what way, and by whom, are disability ratings established?

I think I have covered that.

Mr. SWEET. I think you have.

Mr. THOMAS. The second question is:

> What are the functions of the boards of appeal, and medical and legal review, and in what way are these functions administered?

I think I have covered that. The third question is:

> What time usually elapses after a disabled man terminates vocational training before he is again in receipt of compensation?

Well, offhand, I would not like to definitely go on record in answering that, but I should say, from the cases that have passed through my hands, that it would be about six months.

The fourth question is:

> What, if any, check is there upon examiners in the War Risk Bureau and physicians in the Public Health Service tending to eliminate delay or mistakes?

I know of none and I never saw any. The checks were all put on the disabled soldiers, and if a disabled soldier did not get what he thought he was entitled to it was his fault; the examiner and the Public Health doctor were always right. The fifth question was:

> What are the present functions of the legal division, and how are they administered?

That is so large a question that I do not believe the committee would care to enter into it, and it would only be my personal criticism anyway. I am perfectly willing to state that I am full of it, but I think I had better keep it on my chest.

There is one matter I want to touch on very briefly, harking back to what I said last Wednesday, and that is the matter I spoke to you about the other day just for a moment, and I can cover it in a second. It relates to subsection 2 of section 302 of the original war risk act. That section provides:

> A schedule of ratings of reductions in earning capacity from specific injuries or combinations of injuries of a permanent nature shall be adopted and applied by the bureau. Ratings may be as high as 100 per centum. The ratings shall be based, as far as practicable, upon the average impairments of earning capacity resulting from such injuries in civil occupations and not upon the impairment in earning capacity in each individual case, so that there shall be no reduction in the rate of compensation for individual success in overcoming the handicap of a permanent injury.

The bureau has construed that to mean a general average of impairment and not an average classed by occupations; in other words, they have construed it to mean this—and I will take the case of soldiers losing their left hands: They have said that if a lawyer loses his left hand his earning capacity is not hurt at all, but we will be liberal and we will give him 10 per cent; they say that if a telegraph operator loses his left hand he is not hurt very much, but we will be liberal with him and we will give him 20 per cent. Then along comes a common day laborer, who can not do anything else; they say he is pretty badly damaged and all he can do is to be a watchman, a timekeeper, or something of that sort, and we will give him 60 per cent. So there we have three cases, one with 10 per cent, one with 20 per cent, and one with 60 per cent, or a total of 90 per cent for the three, and if you divide that by 3 it makes an average of 30 per cent, so that this day laborer gets 30 per cent instead of 60 per cent. This is not intended to be taken as an actual example. It is given by way of illustration only.

Mr. SWEET. Your position is that you do not find any fault at all with what Congress has done, and you do not complain about the law Congress has passed in regard to the disabled soldiers, but your complaint mainly is as to the administration of the law as it now exists?

Mr. THOMAS. Mr. Sweet, I have never seen a United States act—and I have had to do with a great many of them during the last 30 years—that allowed so much discretion, that gives so much power, and is full of so much possible good, in the way of allowing discretion to the administrative officers, as the war risk act, but they in their puerility have piled incongruity on incongruity until nobody in the world can untangle it. It is like the young lawyer who has his first case; he loses his first case, but he finds some mighty new points. They are over there finding new points all the time and incorporating them in their decisions. Then, another thing, those men are in a judicial position. They are not like a young man out in civil life who has just as smart a man as he against him. They are sitting in an impregnable position, and what they say goes. That is the trouble with it. They hand a very important matter over to a law student, one just out of law school, one who has never had an office, a client, or a case. They hand him the act and say, "Write an opinion on this feature of it." He does it, and we see the practical effect of it in these cases. The young lawyer in the bureau is not in the position of a young lawyer outside, because the young lawyer outside goes before a court and there is a lawyer on the other side of the case. But in the bureau the decision of the young lawyer is final and the disabled soldier suffers for it. If the committee had the time to hear me and I had the time to go into Mr. Schall's last question, I am free to say the committee would absolutely want corroborative evidence from the records as to the things I would truthfully say. They would not believe it possible that sensible and decent Americans would get into the mix-up that that bureau has gotten into.

I thank the committee very much for hearing me.

STATEMENT OF HON. CLARENCE MacGREGOR, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK.

Mr. MACGREGOR. Mr. Chairman and gentlemen of the committee, I appreciate this opportunity of appearing before the committee for the purpose of stating my views with reference to the conditions existing in regard to ex-service men. I have handled between 4,000 and 5,000 cases during the last two years, and I know that many of the things that have been said by the gentleman who preceded me are true and correct. I think he is probably right in the proposition that there is too much dispute as to legal propositions, instead of trying to give the service men what they are entitled to.

I had one instance of that the other day, with reference to the situation at Saranac Lake. Quite a number of boys are up there suffering from tuberculosis. One boy, in whom I was especially interested, was located in a boarding house that was perfectly satisfactory to him. He was located there with his sister, who is also afflicted with tuberculosis. He asked that he be permitted to remain in that place at the rate of $3 per day maintenance, but it seems that some time ago the United States Public Health Service insisted that all men at Saranac Lake who desire to be taken care of should locate themselves in boarding houses with which the Public Health Service had made contracts for maintenance.

I conceive that the result up there, although I might be mistaken, of the insistence of the Public Health Service on those boarding-house keepers making contracts was that the poorer houses entered into contracts, and the ones that desired to exercise some discretion as to what men they would take in did not make contracts. This man was staying in a house where he was paying $3 per day, while at these other houses, and some of them were not so good, the men were being boarded at the rate of $4, $4.50, and $5 per day. Upon my taking it up with the tuberculosis section, they insisted that the word "hospitalization" in the act required that a contract be entered into, and that that was the only way in which they could take care of the boys. They insisted that they did not have discretion to say to a man, "Now, we will pay your maintenance in such an amount, or $3 per day, and you can go where you want to."

Mr. RAYBURN. I do not think that would be wise. Do you think it would be wise for them to say, "We will pay you so much money, and you can go where you want to"? He might have some friend there who did not live in a place that the Public Health Service considered the proper place. Do you not think that the Public Health Service ought to exercise some degree of control over those matters?

Mr. MACGREGOR. I think that in a place of that character, where it is a community for tuberculosis patients only, that might be done.

I think that if a man was going to Saranac Lake, for instance, a I went into a house there, it would be perfectly proper for the Pub Health Service to pay his maintenance in any house that he migh select.

Mr. Parker. Do you know the history of the Raybrook Institution right up there? Patients have probably received more benefit at Raybrook than at any other place in this country, and you know why, do you not? Just the minute a patient disobeys one of the rules he is sent home, and that is why they are cured. You can never cure a person of tuberculosis unless you have control of him. They have to eat, go to bed, and do in every respect just as they are directed.

Mr. MacGregor. They do not exercise that jurisdiction at Saranac Lake.

Mr. Parker. It is to be presumed that they will exercise that jurisdiction, the theory being that they will want to make the boys well.

Mr. MacGregor. The fact is that at Saranac Lake the doctors do not go to the houses, but the men are required to come to them.

Mr. Parker. I know what they require at Raybrook, because I have been there many times.

Mr. MacGregor. The main proposition here is that of coordination or some central control. Trying to treat the men in parts is not working. The subject of compensation is one proposition, medical treatment is another proposition, while vocational training is still another, and that plan is not working out well. For instance, take a man in my town of Buffalo who desires compensation: He makes his application for compensation, and then the Public Health Service district supervisor in New York is notified to arrange for an examination of that man. Word is sent to him to report to the marine hospital at Buffalo; he reports to the marine hospital and they make an examination. They send that examination down to New York, and New York is supposed to send it to Washington. Now, in the practical working out of that proposition, I find that there is case after case of great delay. I do not know why it is, unless it is because of inefficiency in the New York office. I have been told at the marine hospital that they have forwarded examinations, and then have had five or six letters from the Public Health Service at New York, asking that they please forward the examinations, months after the examinations have been made and forwarded. Then the examination comes to Washington, and it goes up here and is reviewed or is gone over by some young fellow up here, I suppose.

My observation has been that they are young fellows who are not necessarily doctors. Some young man up there examines these cases, and he presumes to pass upon the degree of disability of the man. He might have there the statement of the best man in the city of Buffalo, or a man of national reputation, but still he assumes to override that doctor's opinion. I have a case right here of a young man who had a needle stuck in his spine by one of those Army doctors during the period of the war, and there are numbers of those cases. It was determined on the examination that he might be benefited by going to a dry climate. He was examined by Dr. Putnam, who is recognized as one of the greatest specialists upon disabilities of that character, and he recommended that the man go to Arizona. The reply that I got back from the department was that, "It does not appear that Mr. Schwartz's condition is one that would demand treatment in Arizona or would necessarily be bettered by such treatment. It is a disability which can adequately be treated under the conditions now obtaining." So that young man was required to stay in Buffalo in a humid climate, when this expert said that he would be much benefited by going to a dry climate. This man down here assumed to have greater knowledge than that medical expert.

Mr. Sweet. Your thought is that there should be a consolidation of the Public Health Service, the War Risk Insurance Bureau, and the Rehabilitation Division of the Federal Board for Vocational Education, and that there should be one man at the head of it who would have the right to say what should be done in cases where there is a conflict of authority between the various departments?

Mr. MacGregor. Yes, sir. In other words, if possible, a man should be put on one card. If there is need that medical treatment should be given to him, let it be given to him without sending the case all over the country. In the case of vocational training, it should be given him, if in need of medical attention it should be given him, under the same direction. He should be treated as a whole instead of being divided up into parts. Now, this matter of vocational training in relation to compensation. We have many cases of men who were on compensation, and then, when they were put on vocational training, they were taken off compensation. Then, perhaps, the man would be found to be unable to continue vocational training on account of physical disability. He would be taken off vocational training, but then he would be for months and months without compensation. That is something that happens very often, and that should not be permitted. It seems to me to be perfectly possible that when a man is taken off vocational training and he is entitled to compensation, he should be immediately put back on compensation without having to be referred back to the Public Health Service for another examination, and having all this red tape gone through with in order to get something that he was entitled to according to the observation of any ordinary lay mind.

Mr. Rayburn. If you will get us the votes in the House, this committee will attempt to do it.

Mr. MacGregor. I thank you. I thing that every Member of Congress feels that should be done, and I resent as much as any member of the committee the attempted slur by some of the deparements upon Congress for failing to do what Congress ought to do. I have told them repeatedly that it was not Congress, but that it was the bureaus down here that were mixing things up, and that Congress wanted to do every single possible thing that could be done for the boys. The boys rendered the service, and we want the boys well taken care of. It is up to the bureaus to see that it is done in accordance with the spirit and intent of Congress.

I do not want to take up any further time of the committee and I have prepared a statement here that I would like to submit.

Mr. Sweet. That statement can be incorporated in the record.

(The statement referred to is as follows:)

The question of consolidating the various departments now dealing with the problems of disabled soldiers ought not to be difficult for present Members of Congress to understand and determine. Every Member has had cases enough in his district to know that some change is absolutely necessary in the method of handling compensation claims, vocational training, and hospitalization.

The needs of the men are insistent. There is often no time for delay if any good is to be accomplished or relief from suffering afforded. Their work from the day they were drafted until the day they were discharged was prompt and efficient. Our care for them should be just as efficient and just as prompt. Relief should be given efficaciously, equitably, and promptly. Under present conditions it is not so ordered. Every Congressman has case after case pending in his files, each telling a story of tedious delay, useless duplication of paper work, endless references from one department to another, and indefensible shifting of responsibility from one branch of the Government to another.

The fault does not lie with any one department or bureau. It lies entirely in the division of work and responsibility and the utter lack of coordination which would be avoided if these different bureaus were united in one department of the Government, responsible to one head, and with regional districts responding to the same head.

Let us compare, for instance, the method of the Pension Bureau in getting the medical data on a pension claim with method used by the Bureau of War Risk Insurance.

I come from Buffalo, N. Y., and the Pension Bureau has its own medical board in that city, which has jurisdiction over a territory easily accessible to all veterans. When a claim has reached the time for a medical examination, the veteran goes to the board, or if he is badly disabled the board sends a representative to his home to examine him, the report is made and sent direct to the bureau at Washington for review and decision by the medical board of the Bureau of Pensions.

In the Bureau of War Risk Insurance, the red tape, shunting around, and delay in connection with the securing of compensation by a disabled ex-service man is extremely aggravating and seemingly unnecessary. The man fills out the application for compensation and sends it to Washington; if there is any question as to origin of disability in the service, the man is informed that the district supervisor of the United States Public Health Service has been directed to order an examination; the district supervisor orders the man to appear at the marine hospital, in Buffalo, N. Y., where he is examined by doctors under the jurisdiction of the Health Service, and in no way responsible to the Bureau of War Risk Insurance; the report of the examination is sent back to the district supervisor in New York City; in very many cases the report goes astray there and in the meantime all attempts to secure adjudication of the claim in Washington are met with the reply that the report of the district supervisor of New York has not been received.

Nothing is done direct. The Public Health officials are under no orders from the Bureau of War Risk Insurance and are not in any way responsible to its chief. The result is often weeks and weeks of tiresome waiting for relief, which would at once be eliminated if the examining physicians were under the direct jurisdiction of the bureau and made their reports direct to that office.

Hospitalization is still worse. The man is examined by the United States Public Health Service. The degree of compensation is fixed by the Bureau of War Risk Insurance, who also decide whether he is entitled to hospitalization. The question as to where he shall get the hospitalization is then left to the Public Health Service, and in the meantime the patient is in desperate straits and goes to a municipal or other hospital and contracts a bill which must first be vouchered by the Public Health Service and then a decision must be rendered by the Bureau of War Risk Insurance as to whether it shall be paid.

If the ex-service man applies for vocational training, the mix-up is still worse. The moment he starts to receive training his compensation stops automatically. When he stops training, as is often done on account of continued ill health, he must again be reexamined to see if his rating for compensation should be changed. There is often an interim between the discontinuance of training and the resumption of compensation. This means further delay, debt, and misery for the sick soldier, and endless trouble for those who try to assist him.

It is hard to understand how such a condition should come to exist in the United States to-day. Every student of industrial and commercial efficiency, every expert in organizing large business enterprises has known for years, and fixes as the basic principle that has always applied in any human activity that was grouped, and that is, the absolute necessity for team work. You can not have team work without a team. No team exists unless it is composed of units pulling together in the same harness and under the same guidance.

To show how the present system works out, let us examine a few cases which I have taken at random from my files.

A young man was getting $80 a month compensation. He was awarded vocational training, and, of course, his compensation stopped. On the 1st of October last he was obliged to give up training for a month in order to go to a hospital for an operation. He did not receive the $80 compensation due him for the month of last October, 1920, until February, 1921. If the Board for Vocational Training and the Bureau of War Risk Insurance had been under one head it would have been a simple case of transferring the man's accounts from one division to another, both reporting to the central office. This same man had a leg amputated and needed crutches. He applied for them in October and received them late in December. This was neither the fault of the Bureau of War Risk Insurance nor of the Public Health Service, but was simply due to the fact that there was a needless duplication of paper work and a devious, instead of a direct, route for the request to travel.

Another case was that of a man whose compensation claim was pending when he took vocational training. The claim for compensation was due from the time of his discharge until he took up training. He was heavily in debt, and his wife was ill, and he needed money to get to her. The claim was filed in November, and he was examined late in that month. He did not receive his check until February.

Another case is that of a young man who was ill during his Army service and who was treated by a young and inexperienced surgeon, who injected some drug into his spine, with the result that his legs were paralyzed.

This man was treated in a general hospital and had to try for five months to get treatment at the United States Public Health Service marine hospital in Buffalo. He was awarded compensation at the rate of $30 a month. I took up his claim for an increase and the payment of the hospital bills in August, 1920. As usual, the matter was referred to the district supervisor in New York City, to whom the vouchers were first sent. They sent them to Washington, and there was endless discussion as to whether the treatment had been "authorized." The correspondence of this young man and myself with departments with reference to these bills for hospital service makes a fair-sized volume and covers a long period of time, and the end is not in sight yet.

This same young man was finally awarded a rating of "temporary total" and received the maximum payment under the Sweet Act. He also had a dependent parent and received the usual extra allowance.

Some time prior to June 30, 1920, he undertook vocational training and compensation thereupon ceased. By reason of his physical condition he was obliged to cease the training on or before June 30, 1920. The following telegram will briefly show the situation and the struggle to get back onto compensation:

BUFFALO, N. Y., *October 19, 1920.*

DIRECTOR BUREAU OF WAR RISK INSURANCE,
Washington, D. C.:

On June 25 your office was notified by telegram from Division of Rehabilitation at New York that Charles C. Schwarz (C–37792) discontinued training, effective June 30, because of physical condition. Under date of October 11 you wired me that reexamination had been ordered. Two examinations have been held by experts and should be in your possession in the rehabilitation office in New York. Man in distress. Urge immediate action.

CLARENCE MACGREGOR,
Member of Congress.

When he finally got back his compensation it did not include an allowance for his mother. I protested this, and the reply from the Director of the Bureau of War Risk Insurance was that the claim for compensation failed to include the requirements called for in "our form * * *. I am writing to-day to the Federal board for certified copies of the papers of the claimant, which may allow this bureau to amend the award." In November I received a letter from the bureau stating the award still stood at $80 awaiting marriage certificate, although man was never married. December 21, 1920, the bureau asked for birth certificate; on January 20, 1921, received word the award had been amended effective July 1, 1920, the day following discontinuance of vocational training.

In November, 1920, Dr. Putnam, one of the foremost physicians of Buffalo and accepted as an expert by the medical and legal profession, recommended that Schwarz be sent to a dry, hot climate, and suggested Arizona. Application was made to the Washington department for transportation. No request was made for hospitalization. I took this matter up and received a reply under date of January 17, 1921:

"It does not appear that Mr. Schwarz's condition is one that would demand treatment in Arizona or would necessarily be bettered by such treatment. It is a disability which can adequately be treated under the conditions now obtaining. Another fact which will make it impossible to transfer Mr. Schwarz to Arizona is that there are no available hospital vacancies in Arizona."

This case is cited to show the inefficiency and useless red tape that comes from having this young man's case handled by various different departments. A man's body and needs are centered in him. He is not divided into parts, and he should be treated as a whole. The present method is the height of absurdity and expense, and the ex-service men are amply justified in all of their complaints.

I have handled thousands of cases and know the needs of the men and the obstacles they have to encounter. It would seem at times as though the persons placed in charge of the needs of ex-service men are deliberately seeking to hamper. Of course such is not the case, but results from the system.

Every Member of Congress knows that the system is not right. There must be more direct contact. There must be less hair splitting by bureaucrats. Congress desires that the boys who are in need should be given what they need without writing endless letters upon fine points that nobody comprehends.

I have in mind in this connection the Saranac Lake situation. One of our Buffalo boys afflicted with tuberculosis went to Saranac in company with his sister, who was likewise afflicted. They took up their residence in a cottage that was very satisfactory to them at a reasonable rate. The Public Health Service, construing the word "hospitalization," holds that the only way they can provide for the men at Saranac is to enter into contracts with boarding-house keepers at Saranac to take care of patients at a certain rate; therefore the Public Health Service invites these boarding-house keepers to enter into contracts to take patients at a rate fixed by this contract.

The result is that some entered into contracts and others did not. Although the house this young man lived in was satisfactory to him and maintained him at a lower rate than that paid to other houses by the Public Health Service which were less satisfactory, the Health Service held that it had no power to pay for maintenance outside of the contract houses. What the boys need is a little more common sense and less debate about legal construction.

The hospital situation is deplorable; and if I am correctly informed, the situation could be remedied to a very great extent at once if there were proper cooperation among the departments. I understand that there are forts scattered all over the country under the jurisdiction of the War Department that are not occupied and could very readily be adapted to hospital purposes for temporary use, but the War Department will not let the Public Health Service use them.

I sincerely trust that some measure will be reported and passed at once that will improve this situation. The establishment of one bureau to deal with all disabled soldiers' problems would be the logical solution. This bureau should have regional boards, local medical examiners, and field investigators, who would examine all cases and report direct to the central bureau at Washington. This would make for economy and make prompt settlement of claims possible, and it would no longer be necessary for America to blush with shame when a boy who risked everything in life to answer the call of duty lives in misery or dies in neglect while miles of useless red tape are being unwound to settle a just claim.

The present situation is indefensible. The need for immediate action is imperative. No obstacles should be permitted longer to block the way to taking adequate, prompt, and tender care of every disabled ex-service man.

Let us have less law and more heart.

Mr. **Sweet**. Congressman Hull, of Iowa, is present and will address the committee.

STATEMENT OF THE HON. HARRY E. HULL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF IOWA.

Mr. **Hull**. Mr. Chairman, I appreciate the opportunity of appearing in behalf of the soldiers of the recent war. I favor a consolidation and coordination of the bureaus whose function it is to provide for the soldiers of the late war. I believe a complete reorganization is necessary in order to make adequate provisions for their welfare. I have in my office many specific instances where hospitalization and compensation has long been denied deserving soldiers from the lack of necessary organization to expedite the handling of their cases. In some instances it has taken months to secure their relief where days should have been all that was necessary. Another point I wish to emphasize is the lack of Public Health Service or having the necessary authority to assure Federal commitments to protect soldiers in its charge and under its jurisdiction. I have had a most striking illustration of the necessity for such legislation in my own district. Frank L. Stowe, of Davenport, Iowa, 17 years of age, enlisted voluntarily in the summer of 1917. In my opinion he never should have been allowed to enlist, as his health was impaired at that time. However, he was transported to France, and while there was an inmate of hospitals for much of the time. When in active service he participated in four or five of the greatest battles in France. He was gassed several times and proved himself one of the heroes of the war. He was cited for the croix de guerre and sent home with his health shattered. Without an adequate medical examination he was discharged from the Army, and as subsequent physical examination, made by the Public Health Service, clearly indicated that at that time he was suffering from dementia praecox and tuberculosis. An insane man, he secured a position in the post office at Davenport, Iowa, and immediately developed a mania for crime. He forged a number of checks; was arrested and taken before the Federal judge at Des Moines, Iowa, whose attention was called to the boy's mental condition. At my solicitation the Surgeon General ordered a physical examination and a diagnosis of dementia praecox was made. Stowe was sent to Hospital No. 35, in St. Louis, and there the boy, who has a wonderful personality, talked his way out of the hospital and immediately began a series of crimes over this country that were appalling. No complete records of his acts has been made. It has been ascertained that in several instances he succeeded in securing money from banks in various States in the country, and that he traveled from camp to camp, in most instances over the territory he traveled when in the Army, forging checks and securing money under false pretenses; banks in North Carolina, West Virginia, Iowa, California, and Washington were victimized by the stricken youth. They finally arrested him in California and he was brought back to Cedar Rapids. In my opinion the boy did not receive the proper treatment from the officials there. He was taken before a judge of the county court, advised that he had better plead guilty; and the judge, without being advised of all the facts in the case, took him for an ordinary criminal and he was sentenced to the penitentiary.

Mr. **Rayburn**. What was this boy's name?

Mr. Hull. Frank L. Stowe. And after I had learned of what had occurred in Cedar Rapids I telegraphed the Surgeon General that an escaped patient from hospital No. 35 was in the hands of the civil authorities in Lynn County, and requested that he send some one to return him to the hospital. A voluminous correspondence by telegraph and mail followed. The authorities admitted that something should be done, but the jurisdictional machinery was so cumbersome that the boy is still in the hospital ward of the penitentiary and I am still hunting for some way whereby he can be placed in a neuropsychopathic hospital and given the treatment that should be accorded a young man who proved himself to be one of the heroes of the war. After he had been sentenced in Lynn County I conferred with the county officials, and it seemed to me their one idea was to get this boy into the penitentiary.

Mr. Rayburn. What could have been their motive?

Mr. Hull. I do not know what their motive was.

Mr. Rayburn. Do you think you ought to make such a charge before you find out that they had a motive?

Mr. Hull. I might be wrong, but my opinion is that the boy did not receive fair treatment.

Mr. Rayburn. Did they know the history of the boy?

Mr. Hull. I showed them the history.

Mr. Rayburn. I mean before the trial. Did you show them his history?

Mr. Hull. I am not basing my opinion on what occurred before the trial but on what happened afterwards. I talked to the county attorney, and he misinformed me as to who the judge was who would sentence him. He promised to meet me and discuss the matter before the boy was sentenced, but failed to do so, and it became necessary for me to have a personal conference with the judge, who readily agreed that the boy should not go to the penitentiary, and advised me that he would parole him to the Federal officials if they would send for him. I talked with the Federal officials and was informed that they did not desire to send him to the penitentiary. However, I could not apparently succeed in having him sent to the hospital until I had another conference with the judge, who, when he learned the circumstance in the case, paroled the boy to a neuropsychopathic hospital at Knoxville. After he had been sent there I corresponded with the superintendent of the hospital, who agreed with me that he would not release him until I was informed. Less than 10 days afterwards his foster mother came to me and advised that they were going to take the boy to North Carolina. I thought she was unduly alarmed, but before the day was over I had a telephone call informing me that he had been taken out of the hospital by a Secret Service agent, who intended to take him to North Carolina. I called the hospital at Knoxville, and the superintendent in charge advised me that they had already released him to the Secret Service of the Treasury Department.

Mr. Sweet. Was this boy taken to North Carolina to stand trial in court?

Mr. Hull. That was the intention of the Federal authorities. They went to the neuropsychopathic hospital for the insane; took the boy out, whose record they knew.

Mr. Sweet. Has this boy a guardian?

Mr. Hull. He did not have at that time.

Mr. Sweet. Has any adjudication been made as to his sanity?

Mr. Hull. Well, there was this adjudication.

Mr. Sweet. I mean, has any court committed him to an asylum?

Mr. Hull. No; I do not think any commitment has been made, but I have the record of Hospital No. 35, as follows:

> Frank L. Stowe is a patient in the hospital, being treated for mental disease and incipient pulmonary tuberculosis, which is undoubtedly attributable to the effects of being gassed while on the front (July to September, 1919). It is the opinion of the medical examiner that the above-mentioned patient is now, and has been, mentally irresponsible for any criminal acts which he may have committed since his discharge from the service. Furthermore, should he be subjected to a trial, it would undoubtedly aggravate his present mental and physical condition.

Mr. Sweet. Where is the boy now?

Mr. Hull. I will get to that shortly. I just wanted to read this paragraph as it was written April 6, 1920, before he committed these crimes. Now, this is what happened after the secret service men went to the Knoxville neuropsychopathic hospital and took the soldier out, and I want to say I canceled some engagements during the campaign and spent several hundred dollars trying to straighten this matter out. I went to Iowa City and had a conference with Judge Wade, who agreed with me that the boy belonged in a hospital and not in a penitentiary. We had several telephone conversations, and as a result the boy did not go to North Carolina. He is now in a hospital ward at the reformatory at Anamosa.

Mr. Sweet. He is in an insane ward at Anamosa?

Mr. Hull. Yes, sir. Where it must be admitted he does not belong, and where he can not receive the treatment necessary for the ailment which he is suffering. However, I am afraid to have him removed to St. Elizabeths Hospital, where he might secure treatment, because there is no provision for his commitment there by the Public Health Service.

Mr. Rayburn. That being so, how are you going to keep him there?

Mr. Hull. That is the point I am trying to make. There is no provision for protecting this soldier. There is no way whereby he can be legally committed to St. Elizabeths Hospital and receive the protection to which he is entitled. I may have been rather harsh with the public officials who appear in this case, but it is the first instance I know whereby the Department of Justice ever went to an asylum to take therefrom a criminal, and it seems to me there should be some way of protecting these patients when they are confined, until at least their mental disorders are pronounced cured.

Mr. Sweet. We have with us Mr. James W. Mellen, who is chairman of the national legislative committee of the National Disabled Soldiers' League, who wishes to make a statement.

STATEMENT OF MR. JAMES W. MELLEN, CHAIRMAN NATIONAL LEGISLATIVE COMMITTEE, NATIONAL DISABLED SOLDIERS' LEAGUE, WASHINGTON, D. C.

Mr. Mellen. Mr. Chairman and gentlemen of the committee, for your information I will say that I am representing the National Disabled Soldiers' League. Our organization is composed entirely of disabled soldiers, and it simply means that we are tired of having so many different organizations trying to represent the disabled soldiers, which organizations can not come to any agreement collectively, or can not cooperate to give Congress some idea of what the disabled men need. Our organization means that the disabled men are organizing among themselves and that they are taking their own case in their own hands.

Our national commander arrived in town this morning, and he will not be able to be here for another hearing. He has some evidence on hand that I believe would be of great benefit to this committee, and I am going to ask that the committee give him about 10 minutes of my time, and then allow me a few minutes more following him to finish my statement.

I will introduce Mr. George H. Gillin, our national commander.

STATEMENT OF MR. GEORGE H. GILLIN, NATIONAL COMMANDER NATIONAL DISABLED SOLDIERS' LEAGUE, NEW YORK CITY.

Mr. GILLIN. Mr. Chairman, I am not going to take up much of the committee's time. I recently arrived here after a very thorough investigation of the Fox Hill Hospital situation, and I might say that we are in possession of the only picture evidence of a suicide in a neurasthenic ward of the hospital, which suicide can be charged directly to the inefficiency and neglect of the Public Health Service officials. So as not to waste your time, I have drawn up a very short statement of the conditions that we have found. We have found these facts in regard to the treatment of disabled soldiers at the Fox Hill Hospital, and we want to ask the investigating committee to take these facts into consideration. We ask you to take into consideration the following cases that we have found, and which are supported by conclusive evidence. We have found that men are not given adequate physical examinations upon being admitted to the Public Health Service hospitals. Now, you must understand that most of those men who are being admitted to-day are men who have been discharged from the Army and are entered as civilians. For the committee's information, I might say that they are turning in on an average of 1,500 patients per month at this hospital at Fox Hill, and there are over 1,400 patients.

Mr. RAYBURN. Where is that hospital?

Mr. GILLIN. On Staten Island, just outside of New York City. We found that a great many men in those wards were suffering from venereal diseases. Unless they tell the doctors that this is so there is no examination made for it, and they are using the same toilets and the same washbowls that the other disabled soldiers are using, and therefore are spreading contamination among the other patients. That is because of the inefficiency of the division staff officer, and I will give his name. He is Dr. Leon McTassen. He has charge of the medical staff and nurses at this hospital, and has the power to arrange and rearrange the men and to arrange and rearrange the wards and the beds.

Mr. RAYBURN. Have you called his attention to it?

Mr. GILLIN. Yes, sir; and not only that but it has been stated publicly in the newspapers.

Mr. SWEET. What kind of an institution is that? Is it a State institution?

Mr. GILLIN. No, sir; it is a Public Health Service hospital, under the Bureau of War Risk Insurance, and it is for the accommodation of disabled soldiers alone. It was used during the war as a debarkation hospital for wounded men being returned from overseas. We have also found that there was a great deal of thievery going on, and I cite specifically that there have been more than 900 suits of pajamas stolen, that over 1,000 sheets are missing, and many other such articles. Now, in support of that statement, I cite you specifically to Mr. Harold Littledale, of the New York Evening Post, who made this investigation with me.

Mr. SWEET. What persons are taking those articles?

Mr. GILLIN. I firmly believe, and so does Mr. Littledale, that there is an organized scheme to relieve the hospital of this clothing, the thieves selling the articles on the outside.

Mr. SWEET. It is not done by patients?

Mr. GILLIN. No, sir. It must be an organized scheme or there would not be such a big loss as that. It would be impossible for the patients to take 900 suits of pajamas, because the boys have to cross on the ferry and they have to come to New York. It is due to the neglect and inefficiency of the Public Health Service officials there. You have no proper system there. They are not systematized at all.

Mr. SWEET. They are not properly looking after the persons who are committed to their care?

Mr. GILLIN. No, sir; that is what I charge. In the second place I charge that there are 1,400 men in the hospital, and that the Bureau of War Risk Insurance has failed to send a man there to investigate their claims. Because of that failure the disabled men's claims are not receiving adequate treatment and the men are not receiving adequate compensation. I cite specifically that in ward No. 24 out of 18 men 14 are getting nothing in the way of compensation; in ward No. 7 out of 6 men none are receiving compensation; in ward No. 32 out of 16 men 10 are receiving nothing; in ward No. 14 out of 5 men 4 are getting nothing; in ward No. 8 out of 17 men 7 are getting nothing; in ward No. 27 out of 9 men 9 are getting nothing; in ward No. 21 out of 9 men 9 are getting nothing; and in ward No. 2 out of 13 men 9 are getting nothing. Now, those wards have been taken from all over the hospital, because we could not know in which ward we would find out the actual conditions, and that is the condition that prevailed there.

Mr. SWEET. Those men are suffering from all kinds of ailments?

Mr. GILLIN. Yes, sir; from all kinds of diseases, including surgical cases, neurasthenic cases, and practically every sort of case that the Bureau of War Risk Insurance has anything to do with.

Mr. SWEET. Their ailments grew out of their service in the war?

Mr. GILLIN. They are absolutely due to the service. Practically all of those men have filed claims for compensation. If I may explain for a moment there, I will say that I, for instance, am receiving compensation to-day in the amount of $30. If I were to be sent to a hospital I would be entitled to hospitalization pay. That passes through the Public Health Service and the Public Health hospital, and then my wife and child have to wait until the examination can be reported from the Fox Hill Hospital to Twenty-third Street, and probably six or seven months will elapse before I become entitled to my hospitalization pay. Now, that can be specifically charged to the neglect of the Bureau of War Risk Insurance, which is a separate bureau from the Bureau of Public Health at Twenty-third Street. When they refuse a man over there, they make the man come all the way over to them, and oftentimes the men have not the fare with which to go there. Last week I paid the fare of a man out of my own pocket and bought his lunch, and that is the fourth time that he has been over. When he got over there the bureau said that they could not do anything, but that the examination must come from the doctors at the Fox Hill Hospital, and so they had to send him back.

Mr. Sweet. He was entitled to compensation?

Mr. Gillin. Yes, sir; he was clearly entitled to it. His record showed five wounds and a gassing. I will mention the case of Frank Bruno, at the Otisville Poorhouse. He has been two years in the poorhouse.

Mr. Sweet. Is that a State institution?

Mr. Gillin. Yes, sir. Through our efforts we have sent him a check for $1,044.88. We filed affidavit after affidavit, and the American Legion, the Veterans of Foreign Wars, and the Red Cross had worked for two years on that case. We finally sent a man specifically here to Washington on that case. We sent a man twice on that boy's case, and they found one paper that had been lost for two years here in the Bureau of War Risk Insurance.

I cite the fact that we took 25 cases down to the Bureau of War Risk Insurance that had been awarded compensation, asking for hospitalization pay, and after six hours' search only 15 of those cases could be found in the files in Washington, and all of them had been compensable for over two years.

Dr. Cobb, head of the Public Health Service in New York City, on February 3, at the Pennsylvania Hotel, referred to these disabled soldiers as "drunkards, thieves, and drug fiends," and being a disabled man I took exception, after seven years' service—and I think I should have, because my service bar entitled me to battles and his did not—that that was the wrong attitude for any public offier to take toward the disabled men. I cite in that fact as witnesses Mrs. Avery, of the Long Island Chapter of American War Mothers; myself, as head of the National Disabled Soldiers' League; and Mrs. Axel O. Ihlseng, of New York City, president of the Century Theater Club.

As point 4, I cite the case of William Jones, who was seriously ill with stomach trouble, who, after about nine months of lack of treatment, had to leave that hospital because of the terrible conditions. He went to the naval hospital in Brooklyn and is awaiting operation there now, which should have been performed almost nine months ago. Also I cite the case of William K. Christianson, who was ordered out of the Fox Hill Hospital, although seriously ill, on the ground that he made a remark, which he denies having made, and evidence is in the possession of the New York Evening Post, that I have seen also, that indicates another man had made it, and that an armed guard stood over his bed to see that he did go, and although very ill at the time he was put out. That was at night. He was so ill, in fact, that after he landed at Staten Island he walked almost 80 city blocks in New York City to the Public Health Service, and when he pulled the shoe off of his wounded foot—he was wounded in France—the shoe was absolutely full of blood. He was then sent to the naval hospital in Brooklyn and was operated on February 3, 1921. As witnesses, we call on the two men and Mr. Harold A. Littledale, of the New York Evening Post.

Mr. Charles G. Cartalon, the administrative assistant at the Fox Hill Hospital, directly under the supervision of Lieut. Col. Cobb, I specifically charge—I am withholding the soldier's name because he fears that he will get into trouble if it is divulged before the proper legal investigation is made—that this man choked a disabled soldier into insensibility and left him on the floor, and that he made the first assault on the disabled soldier without reasonable ground. I hold myself ready at any time to come down here before a legal investigation of these conditions and to produce evidence of this fact, and I also have the permission of Mr. Harold Littledale to say that the witnesses that would be produced at that investigation are a lady who was in the office at the time, another disabled soldier, and an armed guard, that that is the kind of treatment these disabled men are getting.

I will take up the point of the boy, Pvt. Hancock. You saw his picture. I secured that picture. It is the only one in existence. The case of Pvt. Hancock was one where he had made one attempt to commit suicide because he told the doctor if they did not send him where he could have proper treatment he would take his life. The boys in that ward stopped it. The men in the ward there asked Dr. Matassi, who was the surgeon in charge of that ward, to place that man in a ward so that they could watch him, and he said, "No"; that he would put him in a private room and have a restraining sheet thrown over him, just throwing a sheet over the body. That man was left there alone and the orderly at night went to sleep in the kitchen and the disabled man went into a latrine and stabbed himself with a pair of scissors. That was due to neglect on the part of the surgeon in charge.

The principal thing that we are asking for, and I think that we are justified, is an investigation of all the departments.

I have here an affidavit of a disabled man, Hyman A. Sushansky, who before he could get his transportation, while being transferred from New York City, under the jurisdiction of the Federal board, to San Francisco, had to make an affidavit, known to the head of the Vocational Board, Mr. Shaw, to be false and detrimental to his prior instructor in New York. I will read this short affidavit.

DECEMBER 8, 1920.

I, Hyman A. Sushansky, make this affidavit for the use of the National Disabled Soldiers' League, which shall be used to aid them and the Federal board in securing justice for all disabled soldiers and in clearing up any graft situations that the two above parties feel is now going on by employees of the Federal board.

This afternoon I signed an affidavit at the request of Mr. Tantillo in reference to Mr. Croonberg, of the Croonberg School, that I knew to be untrue, this was done at the advice of Mr. Gillin, chairman of the National Disabled Soldiers' League, and Mr. Shaw, district vocational officer of the Federal board in New York City. The copy of the affidavit signed by me at Mr. Tantillo's request was turned over to Mr. Shaw, of the Federal board.

I swear that it was necessary for me to sign this affidavit before I could get my transportation to leave the city for Los Angeles.

HYMAN A. SUSHANSKY.

In a letter to Mr. Croonberg, who has a school for tailoring where disabled soldiers have been sent, has made this statement:

> When disabled soldiers came here last year and insisted on becoming students of our academy, I invited them and was very happy to have them. We did all we could for them, but as stated before, because of some peculiarity in arrangement, we have not received any since August.
>
> Knowing that you are interested in disabled soldiers and the welfare of them, I sometime ago informed you of this matter, which was then taken up with the Federal board, with the result that the training officer in an indiscreet manner undertook to blackmail me. This can be easily accounted for, since only several days before he started this blackmailing I was approached by a young man (a good friend of this so-called training officer), that they required from 25 per cent to 45 per cent graft to be given if I wanted any more students from the Federal board.

He gives the name of the man, Charles Tortorici.

> I have, therefore, come to the conclusion that the Federal board is becoming infested with grafters in a great measure. In fact, the man who came to me and told me that I must pay graft (his name is Charles Tortorici), absolutely informed me that it would be impossible for me to get students unless I paid graft. The result is that I have no students from the Federal board, except the old ones which came before Mr. Tantillo became a training officer, and I feel indignant about it. for the reason that my reputation is at stake since they have undertaken to blackmail me.

These facts I personally turned over, after having interviewed this man, to Mr. Shaw, the head of the Federal board, but this conditioned, I state positively, existed under Mr. Fisher, who is now the assistant director of vocational training here in Washington.

Mr. Chairman, as a disabled soldier myself, and representing many others, the recommendation that we think will cure this is the coordination of all bureaus. It will save millions of dollars to our taxpayers for the reason that the work which is now being done by three employees will be done by one. We claim and charge specifically that there is inefficiency in the Public Health Service and in the Federal board, and we ask that under specific legislation these conditions be changed, because they are not correct as they are at the present time. I know, because I have been in all three bureaus, from my own experience and from my own personal observation, that in justice to the disabled soldiers we should get away from this long waiting which they have in seeking compensation. It is urged by myself before this committee that action be taken to investigate these conditions as they exist and that specific recommendations be made in behalf of these disabled men. There are 641,900 disabled soldiers in the United States who are disabled to at least 10 per cent, and who are entitled to training and who are entitled to compensation. I say fully half of them, yes, one-third of them, are not receiving proper compensation, and I say that in 10 years, because of different things which are turned up there will be over 1,000,000 tuberculosis patients, men who will be compensable under this act, and we will have to provide specifically in some way to handle these cases efficiently. I thank you.

Mr. Sweet. Your criticism goes to the service that is being rendered under existing law in regard to compensation, hospitalization, and the treatment and care in the hospitals?

Mr. Gillin. Absolutely to the functioning of the law.

Mr. Sweet. In other words, your view is that at the present time these departments are not functioning as they should?

Mr. Gillin. They are not functioning as they should. If I might go further, I do not believe that there should be three bureaus; I think there should be only one. That is one of the biggest criticisms which I could make.

Mr. Sweet. Your thought is the Public Health Service, the War Risk Insurance Bureau, and the Rehabilitation Division of the Federal Board for Vocational Education should be placed under one bureau, and that there should be one man at the head of that bureau who should have the say as to what should be done for the disabled soldiers?

Mr. Gillin. Absolutely, sir. If I may cite here, there is one case that came to my mind to show how inefficiency may dominate in these bureaus. They have what they call contract surgeons in the Public Health Service. I know of one specific instance where one doctor made $45 in one day. He is allowed $3 for every man that he sends to the hospital. I say specifically that there are a lot of men in the hospitals to-day who should not be in the hospitals and who are not entitled to Government care. They are what the disabled men call "gold bricks," and when a really disabled man comes in it results in a hardship. At Fox Hill, for instance, the Red Cross gives things away to these disabled soldiers. If a man is not drawing compensation and it has been proven that he is not entitled to it, he can go to the Red Cross and get anything that he wants; but if I am getting compensation, drawing only $8 a month, having been adjudicated compensable, I can not get a thing from the Red Cross without paying for it, even though that $8 a month will not buy my cigarettes. So the discrimination under the law as it exists to-day is against the disabled soldier, and in addition we have this inefficiency which creeps in, which is a new thing to the Government. That would be my recommendation as representing the National Disabled Soldiers' League handling the disabled cases.

Mr. Sweet. In behalf of the committee I want to thank you for your statement.

ADDITIONAL STATEMENT OF MR. JAMES W. MELLEN.

Mr. Mellen. Mr. Chairman and members of the committee, I believe, as I have been told by many Members of Congress, that your sympathies are with the disabled soldiers directly, and that you are willing to do all that you can for them and all that will be possible.

Now, the disabled soldiers are asking for no sympathy. We are demanding justice, and that is what we shall receive. Investigation upon investigation has been made regarding the cruelties in the various hospitals. Those conducting the investigations have been nothing but the authorities of the hospitals. Consequently the doctor who is in charge there can give his statement. While we know from experience from criminal cases in the various courts there are always two sides to the story, and that the justice that an accused may receive is not worth a dime if you are not going to hear the prisoner's side of the story. If you are not going to hear the disabled men's side of the story, then we better stop trying to negotiate any new legislation for the disabled soldiers. I am not striving in behalf of one organization—this organization or that organization—I am simply trying to obtain justice for the disabled soldier. Mr. Gillin has cited cases of neglect everywhere of doctors. I could also cite cases. I was in the course of treatment for 14 months after I returned from France, and in that time I spent time in five different hospitals.

In one hospital there was a doctor by the name of Ord, who was a major in the Public Health Service, and as soon as he could find any nervousness about the men he would railroad them to the State insane asylum. He sent many patients to the insane hospital at Knoxville, Iowa, whom I believe should not have gone there. There was one case, of which I was most familiar, the case of Alonzo Kennedy. They did not notify Mr. Kennedy that they were going to send him to the State asylum at Farmington, Mo., but about 5 o'clock one morning they woke him up, telling him, "You are going to a nice place where you have never been before—Cape May, N. J." The man woke me and asked what I thought about it. I went down and found the orderly, who was going to accompany this man on this trip—the orderly's name being Nash. Nash told me that he was going to take this fellow to the State insane asylum at Farmington, Mo. A good many of the patients went to the doctor and asked him about it and he said, "I am in charge of this. You keep your hands off or I will send some more of you down there."

I do not know Kennedy's condition, but I do know that if he could have been permitted to remain in that hospital he might have recovered a lot quicker than he would in the other place. The bed capacity there was from six to seven hundred. When they got the nervous cases in there they would railroad them out. I asked the doctor why he was doing it and he said to make room for other disabled soldiers. He was sending them out to make room for others, when he had 100 or 150 beds in different parts of the hospital. I think, in that hospital in St. Louis, as its record files will show, that from April 1, 1920, until November 1, 1920—I am giving an approximate estimate—there must have been about 50 or 60 men sent out to different State insane asylums throughout the country. The men do not need to ask the Government to place them in State insane asylums. We do need more hospitals, but we need more efficient doctors also. If we are going to amalgamate these three bureaus under one head we have also to get some ruling in order to get rid of the inefficient doctors who will not give these boys the proper treatment.

I will cite another case of a man who ran away from the hospital at Marion, Ind., the Government institution there. He was privileged to go about the grounds. He wanted to go home. One morning he pulled out of that hospital and went home. When a Public Health officer found him in Indianapolis, and that he had left Marion, the proper thing for them to have done was to make an effort to get him to Marion. No, they could not do that. He was causing them so much trouble, so they said, "We will just commit him to the State insane asylum," which they did. In the State insane asylum, at Indianapolis, there are from 40 to 45 cases of disabled soldiers in that one hospital. There are also two other insane hospitals in the State of Indiana. There are 20 to 30 disabled soldiers in each of those hospitals. There are five or six different city hospitals in the State of Indiana where there are disabled soldiers, and the Government, I suppose, is paying these city hospitals so much a day for taking care of these patients. If a man refuses to go to these hospitals, then he is refusing to accept treatment from the Public Health Service and has to lay aside all claim for compensation—he sacrifices his right to receive compensation when he refuses to receive treatment from the doctor.

Mr. RAYBURN. You speak about more efficiency in the case of the doctors. We can not do that by any legislation?

Mr. MELLEN. No; that is true; but we might coordinate these two departments and help them to select more efficient doctors. I know of one case where a young man had finished the study of medicine, and after graduating from the school of medicine he decided that he would like to be a salesman, and so he started out selling medicine for some pharmaceutical product company. When the war broke out he saw that there was a chance to go, and so he entered the Army as a doctor; but I think in the whole war he remained a "swivel-chair artist" somewhere in Washington. Then, later on, he was taken into the bureau and was put into the examiner's department of the bureau reviewing cases. A case will come into the bureau of a man making a claim for compensation, and when they are trying to settle that claim, to do the man justice, and when they go through the files they will pick out all medical evidence in order to determine how much compensation he is to be allowed and what the degree of his disability is. It takes ample time to go over that case and do the man justice. In this department where this young doctor was there were several doctors; they were racing through the cases to see how many each doctor could do in the course of the day—the most cases.

The way the Public Health Service is run to-day, they have their 14 different districts. A man will apply for treatment and he will be sent to a hospital and then apply for compensation; and then six or eight weeks after he has applied for compensation, and he is a patient in a Public Health hospital, he will receive letters continually asking him to appear for examination. I have experienced it myself, and I have seen others experience it. It is not the whole thing that we get as many hospitals as the Public Health Service is howling about. We do need hospitals to get these men out of the State institutions, the charity institutions, and the city institutions, but we also need some system of regulating the care of the disabled soldier so that he may receive justice. The disabled soldiers are not a crowd of dogs and you can not expect to treat them in a careless manner. They have remained faithful to their country. I wish you gentlemen could visit some of the hospitals and see some of the cases of the disabled men and see how they have been neglected. When a man has fought for his country he has done the most that he can do for his country, and then when he stops to think what his country is doing for him now he wants to cuss his country, he wants to cuss Congress, and he wants to cuss the Senate, and everybody who is in authority in giving him this treatment. How can you blame the men for being discouraged? We have 641,900 of these men, who are true Americans. Are we doing right in allowing these men to become discouraged? Why can we not give them justice? Is it not one of the great Americanization causes to do something for these men?

Let me take you back to ancient history. Look at the great Roman Empire which had its predominance at one time. They neglected their disabled soldiers. Now, where is the great Roman Empire to-day? The Greek Empire, the Eastern and Western Empires, suffered from the same neglect. Look at the Kingdom of Spain—Christopher Columbus, one of the great soldiers of that time, crossed the ocean and discovered this country, and took it back and laid it at the foot of Spain. He was terribly mistreated. Where is Spain to-day, when she might have been the dominant influence on this hemisphere.

This is a most serious matter. We must care for the disabled soldiers, this great Nation "shall not perish from the earth." We are not going to permit this great Nation to perish from the earth after we have fought so proudly and so bravely for it. We are going to give the disabled men justice and are going to use every influence to obtain justice for the disabled soldiers, and try to amalgamate these three bureaus so that the disabled men will receive the best of consideration.

Mr. RAYBURN. Permit me to interrupt you. If Congress passed all the laws which you or anybody else would advocate, they could not administer those laws. Your complaint goes to the administration of the law, not to the law itself.

Mr. MELLEN. I think it would be legal in enacting these laws for Congress to make some provision to have a hospital commission, where there would be a certain board of men or a certain number of men whose sole duty during the coming years would be to see that the disabled soldiers obtain justice.

Mr. RAYBURN. However, Congress can not make certain that it would be an efficient board.

Mr. MELLEN. Congress has the authority to investigate the board at all times?

Mr. RAYBURN. I understand that.

Mr. MELLEN. Pardon me, but I have talked with several men in Congress and they have given me their opinion that they are in direct sympathy with the disabled soldiers, but the disabled soldiers are not seeking sympathy, we are demanding justice, and we propose to get it.

Mr. RAYBURN. We understand that, of course, and that is what we are trying to do here. We have certainly the most liberal laws in the history of any nation of the world for the disabled soldiers. I am not contesting what you say about neglect in a great many cases, but I say to you that it matters not what kind of a law we pass we can not get rid of some fellow mistreating the disabled soldier. Congress can not follow this matter through the War Risk Insurance Bureau, through the Public Health Service, through the district offices, through the suboffices, into the hospitals and places like that. Your appeal we are very glad to hear and were very glad to hear the illuminating statements of your commander, but Congress can not administer the laws, that is certain.

Mr. MELLEN. Would it not be legal to enact a law to coordinate the three departments and would it not be legal to make an amendment to the law stating that the hospital commission or some sort of a commission or board should constitute the directing power, such as a board of directors?

Mr. RAYBURN. Yes; I think it would be legal to do that.

Mr. MELLEN. All right. Would it not be proper to ask that three or four disabled soldiers be appointed on that board or that the disabled soldiers be represented on that board?

Mr. RAYBURN. Likely it would not be the policy to prescribe the appointing power.

Mr. MELLEN. It is not the policy of Congress, but it has been the policy in the past few years for them to try to do all that they could for the disabled soldiers, and it seems as though some of these three departments had been neglecting them. Now, Congress says that it is the duty to take care of the disabled soldiers, so they set out to propose new legislation, and then while in the act they tell us they can not be responsible for the administration of the laws. In view of this fact let me ask you, is it any wonder the disabled soldiers are not receiving justice?

ADDITIONAL STATEMENT OF MR. GEORGE H. GILLIN.

Mr. RAYBURN. Let me ask you this question, Mr. Mellen, and I would like to address this to your commander, Mr. Gillin, also. Last year we had much complaint from the heads of the bureaus with reference to their having no control over these patients. They would go out and abuse themselves when they were on leave, and things like that, and they had no way of disciplining them. What degree of discipline in these hospitals would you be willing to agree to? I have, for instance, a specific case of a young fellow who walked up to me when I was home and said, "I am just from the tubercular hospital at Fort Bayard, N. Mex." He had walked off from there and had come home. I asked him, "What are you doing here?" He said, "I just could not stand the confinement, and I did not want to stay there." You know the treatment for tuberculosis has now gotten to be such that a man is in a sense confined and is put to bed and all of his resources of strength are conserved. Now, what would you recommend in a case like that?

Mr. GILLIN. I agree heartily with you. We have to look at this proposition as a sensible proposition. We are handling disabled men and to a great extent they may be disgruntled, but the recommendation I could make there would be only as far as the Bureau of War Risk Insurance has already made, that if a disabled man refuses the proper medical treatment that is offered to him, then he should not be entitled to that treatment, and there would only be one way to get around that, and that would be to place armed guards in the hospitals, which I am very much averse to. I will say this at this time, if I may, and I am just giving you my own thoughts on it——

Mr. RAYBURN (interposing). That is what I want.

Mr. GILLIN. I find, as I see it, that the maladministration of the law, and I agree absolutely with your contention, that you can not administer the law, that that is not the function of Congress—the maladministration is largely due to the fact that there has crept into the service bureaus already established a class of civil-service employees who are absolutely unsympathetic with the disabled soldiers and are there for the purpose of a job. To remedy that, I would say that it would be advisable to employ as far as feasible only disabled soldiers to administer the law for disabled soldiers.

Mr. Rayburn. They are given the preference now in the civil service.

Mr. Gillin. In employment?

Mr. Rayburn. Yes.

Mr. Mellen. Would that cover this one bureau?

Mr. Rayburn. That applies everywhere. I was asking you about this matter of discipline. What would you do with a fellow like that? Would you be willing to cut off his compensation?

Mr. Gillin. Our attitude in the National Disabled Soldiers' League is just exactly this, sir: We come in contact with a great many men who I would refer to as gold bricks, and I handle probably 14,000 or 15,000 compensation cases a week, and if we find a man has made application to the Federal Board—for instance, I have the cases of two men, one of them a Mr. Hefferen, and I cited his name to this committee, was two years in training absolutely wasting the Government's time and the Government's money, and I say that our stand as patriotic Americans and as ex-soldiers must be to ask for his instantaneous removal. Now, if a man disobeys the discipline of the established bureaus that are there for the correction of his ills, he should be entitled to no consideration whatsoever. The administration of the law is set up to take care of them, and if he will not do his part the same as he did in the Army, then the fault is absolutely his own, and the ill effect of it should fall upon the disabled man.

Mr. Rayburn. In other words, this man was getting $80 a month; he left this hospital where they were trying to get him well and make a citizen out of him so that he would be worth something to his country and to himself, and he walks off and says, "No; I am not going back there; I do not like the kind of food we get; I do not like the confinement; I do not like to be away from home." Would you cut off his total temporary compensation until he returned?

Mr. Gillen. That would be a very hard question to answer. I think that could only be reduced in case the law found——

Mr. Rayburn (interposing). In the case of this man there is no question about his being tubercular.

Mr. Gillin. Yes; I am trying to answer this honestly as to just what I would do in a case of that kind. That is what you want?

Mr. Rayburn. Yes; that is it exactly.

Mr. Gillin. If that man left the hospital and I was in that position as a disabled man or otherwise, and knew it was necessary to his health and welfare that he should stay in that hospital, and that it was necessary to the health of the community that he should stay in that hospital, and he deliberately disobeyed orders and took the case in his own hands, I think that the official who was administering the law, provided his care of that man had been the best possible under the conditions——

Mr. Rayburn (interposing). That is to be presumed.

Mr. Gillin (continuing). That the Public Health Service man there would be justified in saying to that man, "Young man, it is your go; you will have to watch yourself." But on the other hand, I do charge that in a great many cases, such as in Fox Hills Hospital, there are tubercular men confined, and I have letters here about that, who should be removed instantly from that hospital, and who will not be removed because of the doctors, and the only way those men can get out of that hospital to go to a correct hospital is by paying their own fare. I had 15 men, for instance, who went up to Liberty, a special hospital for tubercular men. We applied time and time again to get those men removed by the Public Health Bureau, and their answer would come back, "We can not do that, because there is no room for them"; and when we presented statements showing that there was room for the men, they still insisted. The men then left the hospital and went to Liberty and were rehospitalized there. In that case, the men had a perfect right, and I would back them to the fullest extent, but in a case like the one at Fort Bayard, and I know about that institution, because we have large numbers down there, provided the conditions in the hospital are good and provided reasonable care is taken of the men; that is, the greatest care that can be extended, and that is what we all want——

Mr. Rayburn (interposing). There was no complaint about that. He just did not want to stay there.

Mr. Gillin. If the man has no complaint but simply did not want to stay there, then he is absolutely at fault, and I would not back him an inch.

Mr. Sweet. Right in that connection, Mr. Rayburn, when you came back here you cited that case and other cases, and this question came before the committee. We were considering at that time what is known as the Wason bill, and along that line we incorporated a section in the bill which I want to read to you, Mr. Gillin, and see whether or not you approve of it:

> Sec. 8. That the Director of the Bureau of War Risk Insurance, with the approval of the Secretary of the Treasury, is hereby authorized to make such rules and regulations as may be deemed necessary in order to promote good conduct on the part of persons who are receiving care or treatment in hospitals as patients of said bureau during their stay in such hospitals. Penalties for the breach of such rules and regulations may extend to a forfeiture by the offender of such portion of the compensation payable to him, not exceeding three-fourths of the monthly installments per month for three months, for a breach committed while receiving treatment in such hospital as may be prescribed by such rules and regulations.

Now, you will observe that that is a very broad provision and also adhering in that provision is the question of whether or not as a legal proposition we can even go that far, because these ex-service men are citizens of our country, and the Government has assumed the obligation of giving them hospital treatment. Then the next question is, having assumed that obligation, and the ex-service man having accepted that treatment, have we the authority and the right then to say to him, "You shall not receive your compensation in case you refuse to abide by the rules and regulations of the institution in which you are placed by Government agencies."

Now, what do you think of that provision? I may say further, before you answer, that this bill was presented to the House and it passed the House on the 20th day of May, 1920. It has not yet passed the Senate. It may pass the Senate before this session ends. We hope that it will. The American Legion has been doing all it possibly could to get this bill through. Now, I naturally would like to have your opinion upon this particular section even though it has been passed by the House as to whether you deem it fair or not, in view of your wide experience with men who are receiving hospital treatment and care by the Government.

Mr. GILLIN. I do, and I would like to have a minute to go at some length into why I do. I do, from a legal viewpoint. I am absolutely in sympathy with that idea for the simple reason that if I had never served in the service of my country and was admitted, say, under a tubercular society to a tubercular hospital, there is really a contract between the hospital and myself when I go in there that I will observe the rules, and that if I do not observe the rules I am very promptly put out of the hospital, and I think that the Government should have that same right, or the agencies of the Government, in caring for disabled men. I agree to a great extent with Mr. Mellen all along the line about these Public Health Service officials as far as doctors are concerned, that they are very inefficient, but I also agree with the chairman and yourself that it is impossible for us to pass laws from this body and then see that they are administered properly. I think that the trouble has been to a great extent, and I say this after seven years' service on behalf of my country, that soldiers are more or less at the present time a favored class. There have been too many recommendations to Congress from too many organizations, not specific in their nature, and not based on any good grounds.

My recommendation at this time, and what I am going to ask Congress to provide, is an investigation of the conditions that exist in the Public Health Service hospitals for the purpose not only of remedying the condition at Fox Hills, but giving us a constructive ground to build constructive ideas on in the hope that later we may put forward our side of the question of the disabled men and the Government side, as representing us as citizens, and out of that may come a constructive legislative investigation with all stories and all sides being heard, a permanent structure being built for the administration of disabled soldiers which will be as efficient as possible. Now, being a sensible man myself and having spent 18 months in the hospitals, I appreciate that it is impossible to have an absolute efficient administration of this law two years after this war when there are so many men who have been disabled and who now more than ever are going to the hospitals due to their ill effects, but I do want to do this, and as head of these disabled soldiers I want to place all my knowledge at the feet of Congress and cooperate in every way for the purpose of granting benefits to disabled soldiers; but, on the other hand, we hold ourselves open, and we must put our organization on record, that we can only back cases or complaints which are justified, and in the case that has just been cited, it would be very arbitrary of me, and unpatriotic, to place an organization of such men as these, who are the most patriotic men in the service, on record as backing that case, and I want to say specifically here that one of the great faults has been that the disabled men, being an American Legion man myself, have been represented by men who were not disabled and who do not understand our conditions and do not understand the correction of them.

I think much knowledge on both sides could be drawn from the men themselves, and I might cite a little instance here, if I may. When the Italians were providing for the rehabilitation of their disabled men, there was a great contention as to whether a certain kind of wooden leg was the right kind of wooden leg, and the matter went to the House of Deputies there, and a delegation of disabled soldiers appeared and a delegation of doctors, and the doctors said that they were scientifically correct, and the disabled soldiers said, "Yes: but we have got to wear them and they do not feel right." Now, I think that the thing to do is to have some sort of representation of the disabled soldiers on some sort of a commission, worked out sensibly, some sort of a representation from your Public Health and your Federal board and your Bureau of War Risk Insurance, and then when a disabled soldier himself says, "If this was my case I would not be justified," there is no doubt but that other disabled men will come back and say that the action was justified. Those are my own thoughts.

Mr. SWEET. I want to thank you very much for appearing here and making your statement.

Mr. MELLEN. In regard to the Wason bill, under which they have the right to retrain some of his pay from him, we have got to be sure that we have men who are granting a just opinion on such a case. This gentleman here gave the case of a soldier who had left the hospital at Fort Bayard, N. Mex., and they had charged him with refusing to accept treatment from the Public Health Service or from the Bureau of War Risk. As I understand it, the Wason bill gives the Director of the Bureau of War Risk Insurance authority to make and establish those rules. Every Public Health Service hospital throughout the country to-day has its set of rules and has its own routine of discipline. Now, regardless of who is in charge of that hospital, a man may be at one hospital and he may be striving his utmost to submit to the discipline and to all the rules of the hospital. He might go to another place and he just can not get along with the personality of the doctor who is in charge of that hospital. Now, that doctor can bring charges against him, according to the rules that he he has there, that the man must submit to, and if the doctor of the Bureau of War Risk Insurance is going to make these rules himself and have these men abide by them, I think that there should be some due consideration given to these rules and not let them——

Mr. RAYBURN (interposing). No director who had any sense at all would establish such rules without consultation with the men whom he thought knew the most about them. The case I raised was one in which there was no complaint by the man about his treatment; no complaint about anybody, the location of the hospital, or anything else. He just did not want to stay there. He said he did not like the confinement.

Mr. MELLEN. Dr. Myers, of the United States Public Health Service, who is stationed in Indianapolis, is supposed to be credited as a man who has a good knowledge and understanding of medical cases. Dr. Myers had a case in the Methodist Hospital in Indianapolis and he told the patient there, "I want you to go to the State institution," and the man said, "No; I will not go there because I do not feel it is just for you to send me there." That was the case of a man then refusing treatment from the Public Health Service. The man wanted to remain at the Methodist Hospital, but they said, "No; we will send you to the State institution." He did not go; so he refused treatment from the Public Health Service, because the course of treatment they indicated was unjust. Now, you have got to give the men some protection in matters of that kind.

Mr. SWEET. Gentleman, we will now adjourn, to meet at 10 o'clock on Monday next, and I hope at that meeting to finish the hearings on these measures.

(The subcommittee thereupon adjourned until Monday, February 28, 1921, at 10 o'clock a. m.)

SUBCOMMITTEE OF THE COMMITTEE ON
INTERSTATE AND FOREIGN COMMERCE,
HOUSE OF REPRESENTATIVES,
Monday, February 28, 1921.

The subcommittee met at 10 o'clock a. m., Hon. Burton E. Sweet presiding.

Mr. SWEET. We will continue the hearings on H. R. 14961 and H. R. 14677 and other bills relative to the consolidation of the bureaus having to do with the disabled soldiers.

STATEMENT OF MR. J. H. McVAY, CHICAGO, ILL.

Mr. SWEET. You may give your name and residence.

Mr. McVAY. J. H. McVay, Chicago, Ill.

Mr. SWEET. State whom you represent.

Mr. McVAY. I represent no organization. I would like to appear as one of the disabled soldiers who is suffering from active tuberculosis. Although not their official representative, or anything of that sort, I would like to appear in their behalf, with your kind permission.

Mr. SWEET. You may proceed.

Mr. McVAY. I speak in behalf of the Rogers bill and the various bills germane to the subject. Before speaking in behalf of the bill I would like to go backward in order to go forward. Let me state here that my statements, gentlemen, are along constructive lines and not at all bolshevistic. If I could only speak before the entire body termed Congress and let them know what very, very many of the disabled ex-service men think of Congress, gentlemen, I assure you it would be complimentary. We read in the newspapers of the criticism that is made of Congress. I have been in welfare work for something over two years, and although not wishing to make an egotistical statement, or anything of that sort, when I say that I express the opinion of a number of ex-service men, I believe that I express the personal—meeting to meeting, fellow to fellow—feeling of thousands of ex-service men, and I assure you, honestly, gentlemen, that I am not looking for anything political and I am not looking for a thing in making my statement, but I assure you, honestly, that the disabled ex-service men are heart and soul for our Members of Congress. That is honest and sincere. There is at the present time considerable misunderstanding existing in the various bureaus. By analyzing that, we have to say that there is apparently a chaotic condition existing. No one particular person is to blame for the present condition; no one particular department is to blame for the present condition.

I have cursed every one of the departments up one side and down the other in handling various cases, because you get aggravated. I would say conservatively that I have handled 100,000 cases. When I was in Chicago I was in charge of an employment bureau for soldiers, sailors, and marines, and, during a year's time, we had something over 156,000 men come through our bureau. They were the disabled, able-bodied officers, enlisted men, nurses, and everyone else, and consequently I have a pretty good view of what the men think. In handling the various cases we have handled through our bureau, and which I have handled since I left the bureau, we have come in contact with all phases of the work. Now, in order to criticize, and to do so constructively and intelligently, we have to look and see what we are criticizing. I have one body. Uncle Sam took my one body and put me in the service. I was employed—I am using this as a typical illustration—in a certain line of work. Uncle Sam said, "Young man, I want to borrow you a little while and put you into this trouble." "All right," I said, "Uncle Sam, will you put me back where I started from?" Uncle Sam said, "Yes, sir; if not, we will take care of you." I went into the service, apparently physically fit, and took up a certain line of work in the Army, which I was not accustomed to in civilian life. Consequently, I may have had what in Army life would be termed a disability of a minor nature.

Now, if I were examined by a physician in the Army, or a reputable physician on the outside, and he would say, "Old man, you have a flat foot," or something like that. It does not amount to a whole lot. It is a minor disability, but if I go back into civilian life, back to my old job—we will take a man driving a laundry wagon as an illustration—in the Army he could be given a clerical job and it would be a minor disability, and in some of the Government departments he would be given a clerical job, if he had the ability, and he would only have a minor disability; but, if he went back to that commercial firm that was paying him money, he would have a major disability because he could not jump up and down on the wagon. That is going back quite a way. Now, we have to refer to Congress. Congress anticipated such a situation. They said, "We must get ready now for the fellows who are coming back. Some of them are going to be disabled, some of a minor nature and some of a major nature." This was quite a way back. Congress looked into this thing further back than a lot of the people think about. They passed an act, called the war risk act, and at that time it was fine and dandy. They were trying to anticipate what was going to happen. It was a problem for Congress. Congress did not know what it was going to be up against. After the war risk act was passed and the Bureau of War Risk Insurance began to function under it, Congress saw that there was room for improvement.

Some pressure was brought to bear on Congress, but not much was needed, for when Congress really knew and was convinced that a change had to be made in the war risk act it gladly made the change. There was a bill written. It was presented to Congress. It was signed by the President on December 24, 1919. I happened at that time to be a bed patient in a hospital. I stood pretty well with the doctors in the hospital, so the doctors permitted me to call a little mass meeting. I wanted to spread the news that this bill had really passed. A lot of the men from the middle walks of life knew that Woodrow Wilson was President of the United States. They did not know the members of the Cabinet, but if I can say this, and say it in the way I want to say it, if they could consider that a second Christ had returned to earth, when they read the announcement in the papers that this bill was signed—one Bohemian boy said to me, "Mr. McVay, that man, Sweet, bless his hide." Now, that was the Sweet bill. Of course, Congressman Sweet got credit for passing that bill. The Members of Congress are entitled to the credit, although Burton Sweet certainly is entitled to a whole lot of credit.

I have read that bill, gentlemen, forward and backward and every other way. Some of my own ideas were incorporated in that bill. As that bill was written nothing could be fairer to the disabled ex-service men and women. It was elegant, magnificent. The war risk act with the Sweet amendment should have covered, gentlemen, the present existing chaotic condition. After the bill was written—and it is only a little bit of a pamphlet—it permitted the Government departments so much laxity that an attorney would look at it and say, "Practically every reasonable case comes under this bill." Regulations, of course, are necessary in a Government department. I have been in a Government department, and heartily approve of a lot of their regulations, but if we had taken the Sweet bill and given it the interpretation that Congress really wanted it to have the present condition, gentlemen, would not exist. I am not an attorney or a doctor—I am a welfare worker—but I have looked the bill over quite thoroughly. It is so generous that I do not know that much more can be said about remedying the conditions, but after this amendment was passed the executives of the bureau—I am not criticizing them—but one executive would put one interpretation upon the bill, another executive would put another interpretation upon the bill, until finally there was such a mass of rules and regulations that, unless you were wounded or disabled according to regulations, you were out of luck. Congress did not want that.

When Congress passed that bill Congress absolutely meant that every disabled ex-service man and woman who served with the American forces and received a disability and returned to civil life, with a fair amount of honest statements of proof evidencing a disability, Congress said, "Give them a fair rating and a fair award of compensation," jumping that rating from $30 up to $80 a month. Gentlemen, you think you know what you did, but you have not any real, honest idea, of what you did do. My God, man, on Christmas Eve, you could not have handed out a Christmas present that was better. That, in a general way, covers the compensation award that Congress intended the men to get. Some men came out of the service—I happen to be one of them—that did not need compensation. I did not need the money, fortunately. Furthermore, my business experience previous to entering the service fitted me for an executive position. I held an executive position previous to going into the service. I had fairly good training, so I did not need any assistance, as it were, from Uncle Sam or from the various bureaus. There were many other men like me. If one man, for instance, lost his arm, he would be justly entitled to some pension, as it were, the same as we used to give previous to this war. He did not need any further assistance He needed medical attention to get his arm fixed up and then a pension which would go on indefinitely, and if later on in life his financial circumstances were such that he needed medical attention on financial assistance, he needed the right to ask for a higher rating.

Other men suffered from a physical disability which in the civilian walks of life was termed a vocational handicap, meaning that the man could not carry-on in his old line of work. Congress again said, "Well now, here is a propositon and we had better look into this. There are a lot of these boys and men and women"—underscore the women, please—"coming back from the service who are going to need training for a new job. So let us create some sort of act pertaining to this group of men." That is where the rehabilitation division of the Federal board came in. Congress wrote an act to cover that phase of the work. I read the act and a lot of employment managers throughout the United States read the act, and a lot of attorneys throughout the United States, broad-minded attorneys, read the act, and they said, "Congress certainly did do fine there." That was conceded. This is not criticism now, gentlemen, but after this act was passed the powers that be or the executives in charge of the Federal board, one executive sitting here would put one interpretation on the act, another executive sitting on the other side of the table would put another interpretation on the act, another member another interpretation, and so on, and so forth, until there were so many interpretations on the act that again, unless the man was disabled according to regulations, he was again out of luck. Congress absolutely did not want that.

I will defy anybody to read the rehabilitation act and show how all these present regulations are necessary. Of course, in a big machine, we all must admit, if we have had any business experience, that certain regulations are necessary, but at the present time there are too many regulations overlapping one another. If an applicant it going to keep within the regulations and hopes to get compensation from the Government, he has to give so many statements and affidavits—I happened to be with the Federal board for six months as one of the staff members, a local supervisor at Grand Rapids, Mich., so I know of the various regulations and I know that when I try to be fair to Uncle Sam, fair to the Federal board, fair to the applicant, whether he was a Jew or Gentile, Catholic or Protestant, which cuts no ice at all, if he was a disabled man, white or black, I will add, and I wanted to give him what he was justly entitled to, not according to my way of thinking but according to the regulations, in many cases it was very, very difficult. However, at this time I would like to temper my statement and say that the Federal Board for Vocational Education, in its regulations and interpretations of the law, is far more lenient, gentlemen, than its interpretations of the war risk insurance act.

That is due to several different facts. The Federal board mostly is composed of school-teachers and men familiar with various modes of employment, employment experts, as it were, and consequently they do not take the medical side of it so much into consideration as does the War Risk Bureau, and consequently they are going along quite a bit smoother. Uel Lamkin, in charge of the Federal board—I do not know the gentleman and have never met him—I think has performed a wonderful, wonderful work. Now, after making that statement, and it is speaking as well of Uel Lamkin as I possibly can speak of him, it shows absolutely that I have no ax to grind or anything of that sort. However, the regulations of the Federal Board for Vocational Education are such that I personally have been hit by their regulations. Not that it does me any great amount of harm or anything of that sort, but I would like to cite it as an illustration. I took a civil-service examination and was appointed as a staff member for the Federal board. I was put in charge of the Grand Rapids (Mich.) local office, and tried to do good, honest, efficient work, and my record with the Federal board is very good. I worked long hours, long and hard, and when I went to work for the Federal board I had come out of a hospital and consequently was not physically fit. I was not in the very best of health, and I knew it.

I went to work against the orders of the doctor. However, as an employee of the Government, a civil-service employee, I had certain privileges and certain rights. As an ex-service man I received the preference of the law and that counted for a whole lot, which I appreciated. After working for a while I realized that I was not physically fit, and upon the doctor's advice, a T. B. specialist, I had to give up all active employment. Consequently I wrote to the Federal board, in accordance with their regulations, and presented my case in the proper way, but I was advised that on account of the regulations I was entitled to annual leave of two weeks. I or anyone else am entitled to two weeks. If I had been working for a business institution in the industrial walks of life I would have been entitled to two weeks' vacation, and the Government gives you practically the same thing; that is, two and a half days for every month of the year, and 15 days for six months. After my two weeks' vacation was up, I wrote in and said that on account of my present physical condition the doctor disapproved of my returning to employment. I am trying to bring out the point that the treatment of the disabled service men in the various bureaus necessitates a change in the civil-service laws; not Congress, but the civil-service laws.

When I returned to my work I said the doctors will not approve my returning to work, although I like the work and am well fitted for it, outside of my physical condition; but they said I must give it up. I said, "Gentlemen, I have to go into a T. B. sanitarium for a while to get treatment; am I not, according to the regulations, entitled to sick leave?" A business house would have said, "Here, McVay, you have worked faithfully, and we will help you out; we will at least pay your transportation to the sanitarium." I was with a sheet-metal manufacturing company, and I know how they do. The Government bureau was not that generous with their employee who happened to be a disabled ex-service man. On account of being disabled in the cause of the country I disfranchised myself from civil-service rights. That is one little change which should be made. Some departments, and here is where the consolidation would come in, have one regulation. The Interior Department has one regulation about sivk leave. For illustration, the War Risk Insurance Bureau has a regulation about sick leave; the Public Health Service has a regulation about sick leave; and the Federal Board for Vocational Education has a regulation in regard to sick leave. They are not uniform. They do not coordinate on the idea of sick leave. I really got thrown out of sick leave. If I had received sick leave I would have received two weeks' leave at the lowest, which would have meant two weeks' pay.

That would have helped to pay my expenses in Washington. I am paying my own expenses and am glad to be able to do so, but I could have had that money for that purpose. There is just one little thing, when the Government says we should put the disabled ex-service men on the job, I heartily agree, but in order to put them on the job we will have to strain or stretch a point a little bit in order that they may be protected when they get on the job. The Federal act as written by Congress was generous, very generous. I do not know that very much of a change could be made in that act. I state that the administration of that act is what is causing this present misunderstanding that there is in the Federal board.

Mr. Sweet. It is not a question, Mr. McVay, of Congress not passing the proper legislation——

Mr. McVay. No, sir.

Mr. Sweet. In order to take care of the disabled soldier, but it is a question of the proper administration of the act passed by Congress?

Mr. McVay. Yes, sir; that is it; that is the whole thing in a nutshell. You gentlemen are experts on compensation and there is no use for me going into that; you have heard so much testimony that you can go out and qualify as efficient and fearless experts in the War Risk Insurance Bureau or in the Public Health Service. There is a little friction, where, I do not know, which is holding aloof the consolidation of the various bureaus. I feel positively certain that that friction will be eventually eliminated and that a bill will be passed that will coordinate the activities, not coordinate the bureaus, but coordinate the activities of the Public Health Service, the War Risk Insurance Bureau, and the Federal Board for Vocational Education, wherein these activities pertaining to the ex-service men and women will come about. Then, at the head of that, gentlemen, we must have a fearless director, not a figurehead or a political appointee. I say that in the most emphatic way. We must have somebody there who will be honest and sincere, a big enough man to not swing a "big stick" or anything like that, but who will say, "Gentlemen, here is the law and this is the interpretation of the law."

Then the director at the head of this so-called consolidated bureau can take the best minds from the Public Health Service, from the War Risk Insurance Bureau, and from the Federal board, and in his administration of the law he can call a conference and say, "Gentlemen, what are your ideas? Let us thrash this out now and get up some regulations; let us cancel all the old ones and get up some new working regulations." It is a big job, an awfully big job, but the right man on that job can take this problem out of Congress. Every one of you gentlemen—I have been in some of your offices—have a number of files there. We elect you and send you down here to pass laws. We do not send you down here to become a lot of messengers or go-betweens between the disabled men and the War Risk Insurance Bureau. Every one of you gentlemen have a large amount of this work that you should not have. If we had the law properly interpreted, as you gentlemen intended that it should be, a lot of this work would be taken out of your offices. By having the regional offices located out in the field we would not be doing a mail-order business like to-day. The War Risk Insurance Bureau is Sears, Roebuck & Co.; it is a big mail-order house. By dividing this up and putting it into the field, having a proper head, a lot of the complaints that come in here, or misunderstandings, which are complaints, would be settled out in the field for the benefit of the brains that we send down here. We send Congressmen down here because they are brainy men; we pick them out for that purpose, not as office boys or as go-betweens.

When you talk about saving money, by this change we will save a lot of the Congressmen's time and they will be able to devote their time to appropriations and necessary legislation. Consequently we will save a lot of money there. In consolidating the activities of the three bureaus we will save a large amount of money in clerk hire. Take the activities of the War Risk Insurance Bureau and put them in the office which is now called the Federal board office. That board is loaded down. The poor man who is in charge of that office has an awful job. I was at Grand Rapids and I worked seven days a week. I had a fine lot of assistants and we worked 10, 12, and 14 hours a day. We did not have to do it. Our boss did not tell us we had to do it, but we followed the man who sat on the other side of the table and who was looking for what he was entitled to. The girls, bless their hearts, they worked fine. If you take some more work and put it on their shoulders without giving them adequate personnel, then your bill is not worth the paper that it is written on—you have passed the buck, in other words, not intentionally but unintentionally. So by amalgamating the three bureaus do not appoint 14 regional officers to take care of the War Risk Insurance Bureau out in the field, that is not necessary.

Incorporate that with the Federal board and incorporate the Public Health Service; that will give you an executive in charge of the district, or the new bureau. The Federal board does nothing to take care of the men in the field. You can put the compensation section in that work and give them an adequate personnel. Incidentally, Congress can not legislate, but nevertheless they can recommend and their recommendation will be adhered to. Please tell them to pay compensation to the men, what the men's claims merit. When you try to get a man to work, to take charge of one of the branch offices, he has to be a pretty grand man if he is going to honestly administer the activities of the office. When you try to get the right type of man for $200 a month there are only men of a certain type that you can get and that will be the man who has money and is willing to lend his personal effort to do welfare work. That is what he is doing now. You can not get a man who needs the job and needs the money and has the ability necessary to carry on that kind of a job. The Federal board, unfortunately, I think passes the buck. The board says, "We should like to pay more money, but Congress has cut our appropriation so much that we can not do it." I am not in a position to comment on that. If Congress can recommend the right type of man, preferably an ex-service man, not in all cases, but preferably an ex-service man, where you can.

Some of the ex-service men get up in front of this committee and they rant and rave about putting ex-soldier men right on the jobs, giving them this and that, giving them everything. I do not say that. I am one of the radical ex-service men; very, very radical. I am so radical that some of my friends try to gag me. I say, man the three bureaus, the Public Health Service, the War Risk Insurance Bureau, and the Federal board, with ex-service men, give them the jobs, but we will underscore "where they have the ability and where they are willing to assume the attitude 'I am an employee here and I am going to be a good, honest, conscientious employee.'"

Some of the ex-service men are hurting the cause. They secure Government positions and they admit that "You can not fire me; I am an ex-service man." That is hurting the cause. When I say to you, give the jobs to the ex-service men, I say also give the civilian man who could not go into the service a fair, square, honest deal. Some of the employees of the Federal board are slackers; they hid behind the petticoats; they could not go into the service. I am over 40 years of age. I went into the service; age does not count; it did not count in the war.

Some of the men in the bureau are a little "hard-boiled," and consequently when the radical ex-service man comes into contact with one of the "hard-boiled" it creates a little friction that goes all the way back, and then some yellow newspaper gets hold of it and they make a mountain out of a molehill. There are a lot of employees in the three different bureaus who are wonderfully fine men and women. There is one particular man over in the bureau—I have been here five weeks; I brought down a lot of claims with me, and they are difficult claims—there is one little fellow who gets $2,000 a year, a man by the name of Griffin, not an ex-service man—I think I am a hard worker as a welfare officer and I think I have the interests of the ex-service men very much at heart, but I do not think that I could fill Mr. Griffin's shoes as well as he is filling them. He is just a wonderfully fine fellow. All this criticism in the newspapers to get the women out of the War Risk Insurance Bureau and to get the civilians out of the War Risk Insurance Bureau I do not agree with at all. I say give the ex-soldier man the job where he has a right to the job.

Mr. RAYBURN. That is, give the job to the one who will do the work best?

Mr. McVAY. Do the job. I should like at this time—this is going into the small details—to say that I want to appear here as a self-appointed representative of the T. B's. That is what I will say. I have talked with a lot of ex-service men, bushels of them, throughout Wisconsin, Michigan, and Illinois. I am quite well acquainted out there as a welfare worker who has devoted his time, and so I can express quite well their opinion. There is one man who is in charge of the work of the Federal Board for Vocational Education at Chicago, Mr. Charles W. Sylvester, against whom some of the radicals have turned in complaints. They say that he is not an ex-service man. I say, bless such a man as he is. He is a wonder. He is the man who "jockeyed" me out of my sick leave, and so you see I am not as friendly as I might be. He is in charge of the Federal board work in that district. He tries sincerely to put ex-service men on all jobs that he can possibly put them on. He is not an ex-service man himself, but he certainly is a friend of the disabled man. If any radical agitation was started to get such men as Mr. Sylvester and others off the Federal board it would be a calamity to the disabled ex-service men. I say that he fills the jobs with ex-service men where he can.

I should like to touch a little on the Wason bill. On Saturday morning at the hearing a little offside comment was made by one of the members of the committee regarding a certain T. B. who had been at Fort Bayard, N. Mex.—one of the members of the committee was trying to figure out in his own mind what should be done in a certain type of case. I will say that where a man has been rated as an active T. B. by a doctor—the ex-service man gets his rating through the Public Health Service—and the doctor has advised him, as they have advised me, to go into a sanitarium and get cured—at least, get your case arrested—fine and dandy. Congress has said: "Young man, while you are in this sanitarium, if you are a married man and have dependents, we have provided for the payment of a cash compensation for their care, and while there, temporarily totally disabled, you will receive $80 a month." It is a big job; it is a big proposition. Congress says: "We will provide a sanitarium, a nice, clean orderly place for you; we will make every effort to have sufficient doctors to give you medical care and sufficient nurses to nurse you. We will have dieticians to fix the proper food, and we will watch as closely as we can to see that you get the proper food." The man goes to the sanitarium for this treatment. If he finds that he has a comfortable bed—we had a lot of uncomfortable ones on the other side, and we used to say that if we ever got back to a comfortable bed we would never kick again.

If the sanitarium is a nice, clean building, with nice cots, nice mattresses and sheets, changed twice a week; that is plenty often enough—more often than the average home changes them—if the board is wholesome and substantial, if it is suitable food for a T. B. patient—it may be excellent food, but not suitable for a T. B. patient—if it is suitable food for a T. B. patient, properly cooked, and he gets the proper attention from the doctors—a T. B. does not need an awful amount of doctoring, speaking from experience, and if the sanitarium doctor or officer in charge—he has a big job—is trying to do the best he can for all of the men, then if an ex-service man, an active T. B., says, "Well, I am lonesome; I am homesick; I want to go home," and if he goes home, if he can not be persuaded, if he can not see the necessity of remaining to regain his health and comply with the orders and regulations as laid down in the sanitarium, I would say emphatically cut off his compensation entirely. That I say, because I know the ex-service men pretty well. I know the T. Bs. I have my good days and I have my bad days. It is typical of a man affected with T. B. I am 40 years of age past. Take the young fellows 22 or 23 years of age, you can not make him do the way that the older man will do, unless he can see the other side of life as we see it.

The wording in the Wason bill is not strict enough. You should make it so drastic that when you start to cut off their compensation you will be talking their language. You will certainly be talking their language if the law says that Congress has looked into this proposition; we have had hearings on the proposition; we have had a lot of disabled service men come before the committee; we have discussed it in Congress; we have discussed it with the people at large, and we are saying, for your own benefit, that we have had to be drastic. It is the administration of the law. If the law is properly administered it is a wonderful thing.

Going back a little further, I recall where Congressman Sweet and his committee were trying to do something on Government life insurance in the Sweet bill. Congressman Sweet was trying to carry the ex-service men's insurance for approximately two years. I have been out of the service something over two years myself, a month over two years. I have not come back to earth yet. When we came out of the service they said that they would train us. I was in the infantry. That was all we knew. When we came out of the service we commenced to look around for jobs.

While in the service everybody said that we were the "cream of the earth; do not be satisfied with your old job, you ought to be a general manager, a sales manager, a doctor, or a lawyer." So when the fellows came out of the service some hod carriers—that was their station in life, they seemed to think that they were the "cream of the earth," and they came up to our employment bureau in Chicago and they wanted manager's jobs, etc., and it was a very hard proposition to handle. Consequently, when we came out of the service we had paid on our insurance—that was on the other side—and we did not know whether we had any policy. That could not be helped. That was an enormous job for the War Risk Insurance Bureau. They could not do anything, but when we came out of the service they settled the vast majority, the larger percentage. Some said, "I do not know what I am getting and I will drop it," which they did. If Congress could have seen the situation which exists to-day I am positively sure that Congressman Sweet's 2-year proposition would have been adopted by Congress and it would not have cost the Government as much, gentlemen, as your present chaotic condition is costing the Government. I carried $10,000 life insurance. When I came out of the service I dropped it. I carried other insurance.

For certain reasons which I do not care to disclose I dropped my policy. Finally, after I got into the hospital I got to talking with some 1,500 patients in the hospital—we used to go down in the recreation room at night—and I found that a regulation had been passed granting a man 18 months to convert his insurance, to reinstate his insurance. I did not get compensation; I did not have anything, except what little the Red Cross charity organization gave me. The men could not convert their policies. Some of them did reinstate their insurance after they had dropped it. I was one of the fellows who reinstated after dropping my civil-life insurance. I reinstated my Government policy and then dropped my other policy. I saw where I could get a better policy from the Government than outside, and as a business proposition I converted $5,000. After converting the $5,000 policy I found that I made a mistake and that it was a poor business change, and instead of paying it month by month, that I had to have my premium in on a certain time or otherwise my policy would lapse.

I worried very little about it, because I knew that according to the regulations, if it lapsed, I could reinstate it. However, I forgot and let three days go by, and my policy lapsed; I let three days go by the 30 days of grace, so that my policy lapsed, and when my policy lapsed they forwarded me three premiums—the one behind, the present premium, and the advance premium. I sent in three premiums in order to try and reinstate it. So I got a letter from the War Risk Insurance Bureau saying that "In order to reinstate your Government life insurance you must send in a certificate from a doctor stating that you are in good health." If they are paying me compensation for being a disabled man, how can I conscientiously send in a statement saying I am in good health? I wish to God I could send in that statement, and I would pay $10,000 for it. But I can not send in that statement. So I wrote to the gentleman in charge of the bureau, Capt. E. W. Bonnaffon, a wonderfully fine man. He has the most efficient department in the bureau. His department is the one that is doing me out of my insurance, but still I say they have one of the most efficient departments in the War Risk Insurance Bureau. They wrote back and said, "According to regulations, unless you can send a doctor's certificate stating that you are in good health we can not reinsure you; we can not reinstate your insurance." This is the letter in full:

OCTOBER 23, 1920.

MR. J. H. MCVAY,
Local supervisor, Federal Board Vocational Education,
Grand Rapids, Mich.

DEAR MR. MCVAY: Receipt is acknowledged of your very original letter of October 16. You are advised in reference to your $5,000 ordinary life, United States Government life insurance which lapsed July 1, 1920, for delay in forwarding premium due, that inasmuch as you are not in good health, this insurance can not be reinstated. In order to reinstate Government life insurance, it is necessary that you be in good health at the time of applying for reinstatement.

Refund has been authorized of remittance forwarded since the date that your insurance lapsed. You will receive United States Treasury check in the amount of $30.15 within a short time.

By authority of the director.

Respectfully,

E. W. BONAFFON,
Assistant Director, in charge of Insurance Division.

Now, gentlemen, where am I at? I am not speaking for my own case, because I do not need the insurance. Of course, we all need all the insurance we can get, but I do not need the insurance. However, I am speaking now, gentlemen, for a lot of T. Bs. and illiterates, as it were, men from the lower walks of life. When they came out of the service they dropped their insurance, and a lot of them were discharged as fit, the same as I was. My discharge from the Army says, "Health good," although I was brought back disabled, sent back, and the doctors on the other side said, "My God, when you get that fellow back there unload him quick, before he dies on our hands." In order to get out of the service—I was drawing insurance, and in order to get out—I had been in the Spanish-American War, and I knew what red tape there was to get out; so in order to get out I went before the doctors, and a doctor held a watch up to my left ear and said, "Can you hear it ticking?" I said, "Yes, sir." He said, "Can you hear it ticking now?" I said, "Yes, sir." He said, "You are a liar, but all right, go on." Now, as a matter of fact, I am practically deaf in that ear. Then I had to walk through that room, and I wore a pair of shoes, although I had two broken feet. The doctor said, "What is the matter with you?" I said, "I am in a hurry to get out, Doctor, but it is a little cold on the floor, and I am just wearing my shoes." He said, "Are your feet all right?" I said, "Yes, sir; they are all right." He said, "The cane looks a little suspicious, but you appear to be all right." I went over to another man, and he started to examine my lungs. He said, "Have you any lung trouble?" I said, "Hell; no."

That is the typical answer of the Army man who is sent back because of lung trouble, and I knew that if I said anything else they would put me back in a Government hospital, and God knows when I would have gotten out of the Army, and I might have had to wait all of my life to get out. Consequently my discharge says, "Physically fit." A lot of other fellows did the same thing. They went out into civilian walks of life, although they knew they had lung trouble, but they were afraid of being put in a sanitarium, a T. B. sanitarium. So they stayed away from the Public Health Service, and they would do anything in the world rather than go into a T. B. sanitarium, although they knew they had T. B. But they stayed away so long that they finally had a breakdown. In that connection I have in mind the case of a man who lives in Grand Rapids, a man with a wife and nine children, a man 35 years of age, who was not drafted and could not be drafted at that age, a man with a wife and nine children. He was 17 months trying to get his compensation claim through, and 17 months have gone by and he has not reinstated his insurance. He is an active T. B. I took his case up at the bureau and he is now rated as a permanent total, but according to the regulations, gentlemen, he has not been drawing compensation, he had not been in a hospital for six months previous to November 26, although he has been trying to treat himself at home, going to doctors and everything; but he could not leave that wife and nine children, because it was pretty hard, and he has not been able to reinstate his life insurance. So, gentlemen, I think something is necessary along that line, and I have wondered whether in the Wason bill this part could be construed to take in some such cases. I refer to page 4, section 5:

> That the Bureau of War Risk Insurance shall receive from the payment of premiums on renewable term insurance the following persons, to wit: (a) Those who are receiving hospital care under said bureau, during the period they are receiving such care; (b) those who are receiving vocational training pursuant to the vocational rehabilitation act, during the period of such training; and (c) those who are temporarily totally disabled by reason of an injury or disease entitling them to compensation, during the period of such total disability.

I have wondered whether or not line 9 and line 10 could be interpreted and made, as it were, retroactive, to apply back. I have wondered if that would be the idea of Congress.

Mr. RAYBURN. I had a case like you cite, about the reinstatement of insurance, called to my attention the other day, and if what that gentleman says is the bureau's interpretation, and what your experience seems to be, I have been under a misapprehension about what the holding was. I thought the ruling was this: That a man in order to reinstate his insurance must make a statement that he is in as good health as he was when he allowed his insurance to lapse.

Mr. MCVAY. Will you underscore that question? You are correct; you are correct if the records in the bureau show that fact.

Mr. RAYBURN. I see.

Mr. McVay. Get that. Your Sweet bill covered that part nicely, but the present regulations are not in accord with the apparent intent of the Sweet bill. Now, I took my case up, not for my own benefit, but I took it up so as to present this statement at the hearing, and, gentlemen, they treated me fine over at the War Risk Insurance Bureau. Col. Cholmeley-Jones was a gentleman with me and his secretary was a gentleman, and they did everything possible but not solely for my benefit, but they were trying to benefit many that would come under a similar regulation. Dr. Emerson, the assistant to the director, in charge of the medical part of it, and the gentleman in charge of the insurance section, did everything they possibly could, and Mr. H. L. Mann, the referee of the insurance section, looked me over, and I went through the case with him in a nice, calm, quiet, and conservative way, but, gentlemen, according to the regulations, my particular case will have to be settled by the certificate to which I have referred.

I went into the United States Public Health Service Hospital—let me go back a little further. I was discharged January 15, 1919, as physically fit, but a doctor in Chicago said, "Mack, you had better lay off of work for about a year." I said I would not go to work, but instead of not going to work I opened up the employment bureau, and I was not physically fit. I applied for compensation and received an award for a 15 per cent disability. In the early days they would give you something and get your name on the roll. My mistake was in accepting the 15 per cent award, which showed my disability as being bronchitis. Well, chronic bronchitis, as any doctor will tell you, is next door to T. B., and in order not to be classified as a T. B. they just hastily classified me as having chronic bronchitis, broken ribs, and flat feet; they called it flat feet, although it was really a case of broken feet. I got 15 per cent, and the records in the bureau show I received 15 per cent. When I went in the United States Public Health Service Hospital No. 30, on December 1, 1919, I went in for stomach trouble; tapeworm is what the records show. A doctor friend of mine in Chicago said I had a tapeworm in order to get me in the hospital. He said, "Mack, you have stomach trouble, and it is nothing else but tapeworm, at least we will say that, and they will look you over." It was just simply camouflage, and he put one over in order to get me to give up my work. He said, "In about 10 days you will be up and fit for the job all right." I said, "All right, Dr. Kelly, whatever you say," and he had to make some kind of a recommendation in order to get me in the hospital. So I was put in as having a tapeworm. After I was there for two weeks the doctors in the hospital said, "Who diagnosed this case as a tapeworm?" I told them who it was, and they called up my friend, Dr. Kelly, and he said, "I had to say something in order to get Mack in there." I did not go in the hospital for T. B., but went in for a tapeworm; consequently my report did not show me as being there from December 1, 1919, to July 8, 1920, for T. B. Now, I converted my insurance while in the hospital.

Mr. Rayburn. They put you in for tapeworm?

Mr. McVay. Yes, sir. They treated me fine there and I have no complaint to make. But the records show that I went in for tapeworm. Well, as I say, I converted my insurance while I was in the hospital. I had to convert it or I had to keep still and not talk to the other fellows about converting their insurance, because they would come up and say, "Mack, I want the same kind of a policy you have." So I felt awfully guilty, because I was the doctor, and did not believe in my own medicine. So I had to convert $5,000. Now, the records showed that I had tapeworm, chronic colitis, a little stomach trouble, and a little rheumatism, but nothing was said about T. B. After I broke down at Grand Rapids, Mich., the doctors said, "Mack, you have got T. B., and presumably your T. B. relates back to the time you were in the service." The doctors' statements were that I had a T. B. disability, but the records do not show that I had T. B.

Mr. Sweet. Neither do they show that you had T. B. when you were discharged from the Army, because you were discharged as being fit.

Mr. McVay. Yes, sir.

Mr. Rayburn. That is one of the great troubles about regulations. They are absolutely necessary——

Mr. McVay (interposing). Oh, yes.

Mr. Rayburn. But they have very great faults. Now, I am certain that that regulation was made not thinking at the time about the reinstatement of the insurance of disabled men, but the reinstatement of a fellow who came out whole and who was injured afterwards.

Mr. McVay. That is it.

Mr. Rayburn. Now, if we can put in here somewhere, or can persuade the bureau to make a regulation, if it has the power, to the effect that this would only apply to a man who had a disability growing out of the service, that would protect the Government against the fellow who went out whole and later became injured or disabled.

Mr. McVay. Yes, sir.

Mr. Rayburn. And then it would take care of the fellow who can not answer this question without telling a lie.

Mr. McVay. There you are; because how can a poor devil go up there, in order to protect his family, and say to the insurance section, "Gentlemen, I am in first-class health; I swear it," and then go over to the other side and say, "Gentlemen, for the sake of compensation, I am in pretty rotten health"? He has got to lie one way or the other.

Now, they told me at the bureau the other day, Dr. Emerson and Col. Cholmeley-Jones—when they will take up personally the case of an ordinary individual like myself, you have got to admit they are gentlemen, and they worked very hard to put it over; they were in conference there until away after 7 o'clock one night. Dr. Emerson tried to do something and Col. Cholmeley-Jones tried to do something, but their final decision was this: "Mr. McVay, in a case like yours, there is only one thing you can do if you want to reinstate your life insurance, your Government life insurance, and that is to go out and get well. Go to a doctor, be examined, and get a statement from the doctor that you are in good health and we will reinstate your life insurance." Gentlemen, if I could go out and get well in one year, I would reinstate it and donate it to any memorial in the world, or any welfare work. I am optimistic, very optimistic; I have lots of energy. I do not think you fellows would hardly believe I am a T. B. or disabled at all, but I have a lot of pep and a lot of ginger, and I am going to fight like thunder to get well, but not merely to reinstate my insurance. I am speaking now, not for myself, but for the many others who are in a similar situation. I am going to Bayard, N. Mex., and already have my transportation. I wanted to go to Bayard two weeks ago, but I have been waiting, gentlemen, to appear here and give you my little story, and I am tickled to death that I have waited. But, when I get to Bayard, N. Mex.—that is a Government T. B. camp, and I understand there are about 1,000 men down there—I am going to try and have the officer in charge down there see if I can not be appointed, on account of my experience, as a sort of welfare officer and a complaint officer, in order to take up cases similar to mine. And I think, gentlemen, I am going to flood Congress with a lot of actual facts that exist down there, not in the form of destructive criticism, but facts in relation to particular cases that will help you straighten out matters in the coming session of Congress, and which will help you change the regulations.

Mr. Rayburn. Does the bureau claim, or those in charge of the work, that the law forces them to make this sort of a regulation?

Mr. McVay. Oh, no; it is not in the law, but they do claim—and please get this in a mild way, because I do not want to be radical in any statement at all—that the law is so drastic. I do not agree with them. Of course, I am only expressing an humble opinion, and not as an attorney; but they say that in order to stay inside the law they have to pass these regulations. Now, please let me go a little further. The powers that be at the War Risk Insurance Bureau—to show how honestly they are trying to do their work—got out a bulletin, No. 57, which I personally, as a disabled man, think is too generous; it is carrying the law a little bit too far. We sometimes bend over so far backward that we fall over, and I think they lean too far backward when they rate a man as having a permanent total disability when he has been in a hospital for six months. Some of them are honest men and are entitled to that permanent disability, and that regulation was gotten out for the purpose of trying to cover a poor fellow who has laid in the hospital for a year or a year and a half, and the doctors say, "Well, we are doing all we possibly can for him; it is only a matter of months, or possibly days or weeks, until he will kick in; so let us try and give him his flowers before he dies." That is the reason that regulation was written, but it covers a lot of other fellows who are not justly entitled to it.

Mr. Sweet. And who may, in the long run, get well.

Mr. McVay. That is right.

Mr. Rayburn. I did not know there was a regulation like that.

Mr. McVay. Yes, sir; No. 57. Of course, that regulation has a damper in it as a safety valve, namely, that you are rated as being totally disabled as long as you are in that hospital and not making satisfactory progress, which is excellent and very fair.

Mr. Sweet. And as a prerequisite to that rating of total permanent disability the ex-service man must have been in a hospital six months?

Mr. McVay. Oh, yes; you must have been in the hospital for six months, but not necessarily drawing compensation, although entitled to compensation. Now, if my statement about Bulletin No. 57 was not wholly explained, some of the radicals in Congress would very quickly say, "Good God, they are giving them the world, and the War Risk Insurance Bureau is too generous, because a disabled man says so." But, as I say, that regulation is tempered with a safety valve; it further states that that is a temporary rating and not a permanent rating, because if after you are in the hospital for a while and leave the hospital the board of physicians determines that you have improved, you get a new rating; your permanent total rating is cut off and you are rated on whatever your disability is.

Now, that is a very fair rating, but it goes a little bit too far as to some cases; they have leaned over too far backward on some cases. But the same can not be said as to your insurance laws. I do not mean the law itself, but I mean the interpretation of the law. I venture to say that when Congress enacted that law it did not have in mind a few little technical cases, but had in mind a mass of ex-service men who are carrying insurance.

As I understand, there is no such thing in law as making anything retroactive, although I think it might be possible to put in a little joker which would make it retroactive. However, if that law could be construed as Congress meant it—namely, that it goes back to the date of discharge—it would correct a great many inequalities. A man may have suffered a disability and it may have been minor at the date of his discharge, but the disability may have grown worse and worse until T. B. developed. A man may have had a little bronchitis two years ago and then gotten a little bit of gas over there, and you do not have to be a doctor to know that if he does not take care of it it will eventually work into the lungs, and in a couple of years he is going to have T. B., unless he sees it early enough to take care of it. I am speaking for the T. B.'s who are now active T. B.'s and who did not know it two years ago; and, as I say, if that law could be so construed as to cover disabilities traceable to the service many men could now secure insurance while at present they are barred.

If a man is not in as good health as he was when discharged from the Army and if, in all honesty, the present physical disability can be traced to the service, then let this law cover that and be so construed—that is, be so construed as to permit of his securing insurance or a reinstatement of his insurance, because, gentlemen, in the insurance world to-day I stand as a man without a country. There is not an insurance company in the world that would insure me. I have a boy 14 years of age; he was pretty proud of his old daddy overseas, and, gentlemen, I do not want to draw a permanent total disability rating. I told Col. Cholmeley-Jones I did not want such a rating made in my favor, but that I would like very much to carry $5,000 worth of Government insurance, that I would like to get out to that sanitarium, and if by any chance I reacted unfavorable and God said, "Come on up, we want you in heaven for awhile," I would like to think I was dying and leaving $5,000 worth of insurance to my boy. But, as I say, under the present regulations I am a man without a country, as far as insurance is concerned. So, gentlemen, please bear that in mind at the coming session of Congress.

I believe I have covered my story and I appreciate the time you have given me. But before I close I want to go back to the three-in-one proposition, and say I believe in the consolidation of the three bureaus. I am down here, and I have a little busines to transact pertaining to my own affairs with the Federal board; I am a disabled ex-service man and an ex-employee of the Federal board. I have some business to attend to with the War Risk Insurance Bureau; I have some business to attend to with the Public Health Service; I have a pair of bad feet and I have a bad back, so that I do not like to run around any more than I really have to, but I can not make three short calls on the three bureaus to-day without going over the whole country to make them. When I go to the War Risk Insurance Bureau they say they have certain regulations that are under the Public Health Service; I go to the Public Health Service and they say they have certain regulations; they say, "If you want transportation, go here and go there." So I am most heartily in favor of incorporating all the activities under one bureau.

Now, a congressional investigation, gentlemen, costs a lot of money, and with all due respect to the Members of Congress, it is not worth a damn. That is my frank and candid opinion. I do not believe we should have any congressional investigation of the Federal board. I do not believe we should have any congressional investigation of the Public Health Service, and I do not believe we should have any congressional investigation of the War Risk Bureau. What I say is that Congress should pass a new law covering the activities of the three bureaus, and then they should put a big man at the head of that work, and they should give him to understand, when he asks for his next appropriation, that he will have to come to the front and show how he has spent the money from the last appropriation; that he must show a clean record or he will be turned out of his job; that he is not there by any political prestige or anything of that sort, and that if he does not make good he will be discharged. Now, I think that if that type of man is put at the head of such a bureau, with the proper men on the board to cooperate with him, the right results will be obtained. But he must have a competent board of managers or board of executives. And I would like to plead, if such a board is established, that one good, clean, big, clean-cut, conscientious, and hard-working disabled ex-service man be put on that board, a man with a big and broad mind, a man who would not be narrow in his interpretation of the law, and a man who would not lean altogether in favor of the ex-service men, a man who would not lean either way.

We have our people back home, our brothers, our sisters, our fathers, and our mothers, and they are paying the taxes; they are paying for the benefits which are given to the disabled men. So on this board, in the interpretation of the laws passed by Congress, there should be men who would be willing to give these ex-service men everything to which they are justly and honestly entitled. This, of course, might not appeal to a few of the gentlemen in Congress, at least those to whom I have listened on the floor, because we find that in every big body there are a few who are off color. But I think Congress really intends to have it work out all right, and I think you gentlemen will write a bill or ask to have a bill passed that will clarify this situation. In passing such a bill you might give the men who are to interpret it something in the nature of unwritten law, like the Monroe doctrine, namely, that they must hit at 300 or better in the big league and produce results or otherwise they will have to get out. There are some things that need changing in the Federal board and some things that need changing in the War Risk Insurance Bureau and in the Public Health Service. But if you start a congressional investigation three years from to-day we will still be reading about it in the papers, five years from to-day they will be continuing the investigation, and 10 years from to-day people will be saying it is too bad that that money has been spent, why did they not pass a law which would help some of the fellows? That is my opinion as a business man.

Now, if there are any questions you gentlemen care to ask me I would be glad to answer them.

Mr. Rayburn. I am very much obliged to you for coming here and making this talk. It has been very enlightening.

Mr. McVay. Does this close the hearing?

Mr. Rayburn. Yes.

Mr. McVay. Then I have the honor of closing the hearing, and it is quite an honor. I will talk about it and hand it down to my boy, and he will hand it down to his boy if he happens to have a boy. It is really a big thing for me to do.

Now, Congressman McLeod has been doing a great deal of work for the ex-service men and we appreciate what that young man is doing. He is only a boy, but he is a mighty fine boy. He is trying to do good, clean, and honest work. He does not come back to the next session of Congress—that is, the one that we expect President-elect Harding to call—but I hope to heaven that he will be succeeded by a man who will try to work as honestly as I think he has tried to work and I hope he will be elected to come back to the next session of Congress. If he does not come back, I would like very much to see young McLeod, who has taken quite a hand in this present Congress pertaining to the disabled man—I would like to see a man like Congressman McLeod become affiliated with some of these Government bureaus in some manner, where he could render good, honest, and conscientious service.

He is a young man, and I barely know the man personally, so I am just speaking as an ex-service man would speak of another ex-service man, a man in whom we have faith. He is a young man 25 or 26 years of age, and his daddy is a politician in Detroit; he is a Republican, but I do not hold that against him. I am not a Democrat and I am not a Republican; I vote independently; I vote as I see fit, so that I am not a party man. But young McLeod is a Republican and the incoming administration is Republican, and even if the incoming administration were Democratic I would like to see it broad enough to disregard party lines and employ such men as young McLeod, who will work conscientiously and honestly in interpreting any law passed by Congress. He has been in Congress; he knows the men of Congress; he has talked to Congressmen about this Langley bill; he knows how the Congressmen feel, and as a go-between, as it were, for Congress and the bureau he might represent, I am positive young McLeod would render a very conscientious service for Congress. And, gentlemen, I believe that if Congress found it necessary to pass a new bill and were to say that Congressman Sweet should be the director of the new bureau, all of your troubles would be over. I feel sure I can guarantee you that.

The reason I mention Congressman Sweet is on account of his being the author of the Sweet bill, and the ex-service men have so much faith in the Sweet bill. They think that Congressman Sweet is a man sitting up on a pedestal; they do not know that he is a plain, ordinary man; but if they do know that in the next session of Congress Congressman Sweet, who has been the chairman of the committee conducting these hearings, will be on hand, and that your committee, of which Congressman Sweet is the chairman, will recommend some changes, and I am positively sure that you will recommend some changes, you will find that the ex-service men will be very heartily in favor of some law that will afford the relief that I am sure all of you desire to see afforded. I do not demand the enactment of a law at all. There are a lot of statements being made about demanding justice, and demanding this, that, and the other thing, but we are not saying that.

I will say, however, that if at the next session of Congress, Congress does not pass a law which will authorize a rectification of the present existing conditions so far as they pertain to the disabled men; if at the next session they do not pass that kind of bill, then two years from now, if I am living and can speak as well as I can to-day, I am going to create trouble with the men who are in Congress. I am positively sure that the conditions will be remedied by Congress, but if they do heckle over this proposition and pass the buck at this next session of Congress I will go out and tell some of the people, "You had better get busy and get some new Congressmen." I would like to say that if they go ahead and simply pass this bill and that bill, or this appropriation and that appropriation, that we are not interested in at all, and ignore this problem which affects the entire United States, because this is an American problem and not a party problem—as I say, if they do not get busy at the next session, then we will certainly have something to say.

Gentlemen, I appreciate immensely this opportunity of appearing before you, and when I go down to the T. B. sanitarium I will ask the privilege of writing to you some facts in reference to these conditions, and I will ask for my statement your careful consideration. When I write you a letter, it will be a lengthy letter, and my purpose in writing you a lengthy letter will be to bring out all of the pertinent facts.

I thank you very much, gentlemen.

STATEMENT OF MR. ARTHUR H. FARGO, NEW YORK CITY, NOW AT PROVIDENCE HOSPITAL, WASHINGTON, D. C.

Mr. SWEET. Mr. Fargo, what organization do you represent, if any?

Mr. FARGO. I am a member of the Veterans of Foreign Wars, but I am down here now trying to straighten up my case with the various bureaus. I came down here two months ago.

Mr. SWEET. You may go ahead and make any statement you desire.

Mr. FARGO. I will give you a statement of my service record in the Army.

(The paper submitted is as follows:)

In the early part of 1917 I was engaged in electrical construction and maintenance in ammunition plants; also had passed physical examination of insurance company, and they stated at that time that they would write policy for $30,000 or $40,000, if I could pay the premiums.

A short time after this I passed an examination for aviation construction, with a rating of 98 per cent, and was placed on the reserve list. In May or June I was before the Canadian board for engineering service for the Canadian Army, and passed with a high standing in engineering, also a fine preliminary physical examination, and was offered a commission in the Canadian Army if I would go to Canada. There was some delay in getting my papers for the Aviation Service, and I did not hear from this for months afterwards, until I was in the Signal Service, from which they would not release me because I was a special technician.

I was still engaged in the electrical work in various plants on construction and maintenance in ammunition works up to the early part of 1918, when I took another examination for the Signal Corps. I stood high in the physical examination, because at this time I had been offered a position with the Navy Department and passed their examination for inspector of electrical equipment and plate for submarine base at Bridgeport, Conn. But I wanted active service, so I went back to the Eastern Division of the Signal Corps and took another examination in a recruiting station in New York City, and on account of this offer with the Navy and also on account of a splendid offer I had had in the West in engineering work, I went back to the Signal Office of the Eastern Division and asked them to look over my papers, for if my standing was not high enough to go through the physical I did not want to waste any time, for I could be of greater aid to the Government in the manufacturing line. He stated, after looking over my papers, that I stood high, and that I never would have as severe examination as I had at that date, because that was the period at which the Government was most strict (volunteer).

In the last of June of 1918 I was called into service. I went to Fort Slocum, N. Y., and in one day I had taken my oath, the physical examination, and was in uniform, for I had entered the special technical section of the Signal Corps. In three days my papers had been sent to Washington and returned. At that time I was in the Sixth Depot Company of Fort Slocum. In less than a week I had my papers and was sent to Camp Alfred Vail, N. J., a Signal Corps and aviation camp. This is where I had my first hitch in regard to mix-up in papers.

After being there two or three days, then assigned to the Thirteenth Signal Corps, Capt. Silver called me out one morning for another inoculation. I stated to him that I had received inoculation the day before, and he advised me to go to the medical major and state to him the same. I met the medical major in the dispensary and stated the facts, and, fortunately, he remembered me and said he would correct the papers, and gave me another examination, for he was not satisfied with the examination that came from Fort Slocum. As soon as he examined me he stated that there must have been some mistake for I was in fine physical condition.

Just before I left Fort Slocum one of the sergeants called to me and wanted me to report to headquarters, for they had just called out my name, and when I went back to headquarters I found out that it was a James or Henry Fargo instead of Arthur Fargo. This probably accounts for the mix-up in my papers.

We were at Camp Alfred Vail only three weeks from about the 1st of July, and then we were transferred with the Seventh Depot Telegraph Battalion and sent to France. In seven days we were at Brest. We had to wait eight days for transportation; then we were moved into the Paris base for training, and when in the training base I was sent out with a sergeant a number of times to the fronts with signal material. This was the Metz district where we were furnishing material. Also, I was doing communication work for a few days from Chaumont, and then shortly afterwards I was transferred to the Thirtyfifth Signal Corps headquarters in Paris. And also from there we were doing communication work with the front lines.

About the 18th of October, 1918, I was feeling faint from gas,[1] which was caused by handling the relay boxes and signal apparatus that we had taken over from the Germans and taken back to our bases for repairs. My throat and lungs and ear were so bad that on the 20th of October I went to Base Hospital No. 1, outside of Paris, for treatment. In about a week or 10 days we had a physical examination in one of the hotels in Paris, and they came very near sending me to the hospital on account of a rash or skin trouble which the doctor stated at the time was either mustard or chlorine gas. He made a very thorough examination, for some of the boys had affection of French itch, and he looked my hands over and between my fingers and made certain tests, and stated that he knew mine were gas burns or gas poisoning.

In a couple of weeks I was transferred to Gives (Forty-fourth Company), the Signal Corps base, to form the Thirty-sixth Signal Corps for communication work at the front. But on account of armistice soon to be signed, we remained at Gives, where we were handling wire and wireless apparatus for Metz district and Coblentz. Orders came in for 17 of us after the armistice to go into Alsace-Lorraine and check up railroad material, for we were railroad construction men, but through the mismanagement of Lieut. Col. Sadler our orders were held up. At that time I was instructed by one of our captains from Paris and Capt. Curtis not to be away from camp more than three days on convoys for we were to leave for the Alsace-Lorraine district to check up this railroad material, which would have meant another promotion for me.

After the armistice was signed, we were still held at this base handling the wire from the front with parts of dead horses and men. We handled tons of this wire, also repaired all the wireless apparatus from the various fronts—German, French, and English wireless. In a couple of weeks I came down with a hard cold and a touch of grippe. I was laid up for about 10 or 15 days in the barracks, where we had no proper hospital equipment and for nurses we had Negroes in the Medical Corps. After this I was some better, but my gas burns were getting worse, and sores on my body. A short time after the armistice we were unloading this scrap wire and other signal supplies from the front, and I was testing wireless apparatus in the yard one day, when part of the men in our outfit were unloading this scrap apparatus from the front, and a lieutenant from the aviation stated that if the boys remained and unloaded these cars that they would be released from retreat that evening.

The boys got through a few minutes afterwards unloading these cars, and they went to the wash room foolishly and Lieut. Col. Sadler caught them washing up before retreat was over. I was not working with these men, but through Capt. Dusenberry, he stated I belonged with these men, and if we did not take punishment we could stand a court-martial. Foolishly I did not report the matter to the Paris company where I belonged. The next Sunday he ordered

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[1] On the night of the 16th or 17th of October, 1918, while unloading signal apparatus and a generator, there was a mix-up and one of the trucks backed into ours and I was injured at that time, and this is probably what brought on my ear trouble. My intestines were ripped at the back, and on the 20th of October I was treated at the base hospital for the ear drum and gas burns in the throat, and intestines bandaged up. This treatment on my ear and throat has been kept up ever since that date and wherever I was in France there was a hospital or dispensary I was treated about once a week. Also while at Gives, before I went on my sick leave to Nice, I had been confined to barracks partly on account of pains in my intestines which they were going to operate on for appendicitis, but the medical captain, who arranged for my orders to go to Nice on sick leave, inquired when this trouble first began and I gave him the history, and he stated that it was not appendicitis but probably due to the injuries I had received about the 16th of October.

This treatment on my ear and throat has been kept up since I returned from France, either going to a hospital or specialist about once a week, or sometimes three times a month, for treatment, and the first month I was home from France one of the specialists in New York had to give me very severe treatment and slight operations to relieve the poisoned condition in my throat. For over four months it seems to affect my speech and the cords would tighten up and I could hardly speak, and even to the present time the pressure keeps up on my ear and I am unable to hear a telephone conversation with my left ear. In regard to intestines, the only way I have been able to keep in a fairly good condition is by the use of internal baths from two to three times a month for the intestines still seem to be out of place or knotted up and I have to be very careful of the food I use, and if I eat ice cream separate from my meals I am in agony for a number of hours. Also, when I first returned from France I was not able to walk over two blocks without being in intense pain caused by the dropping of the intestines, which the dostors have not given me enough consideration for.

us to drill seven hours without any rest in a pouring rain.[2] After all the trial I had had before and moving up 25 to 28 miles at night, with provisions and supplies, during this drill the first Sunday for seven hours without rest, in a pouring rain, something gave way in my heart.

Because of the strain, it was too much for me, and, besides working all day without rest, we had to drill from two to three hours at night until the medical major at the base put a stop to it. From that time on for weeks we were working night and day at this base. A very short time after this I came down with pleurisy,[3] and in May of 1919 I was almost a physical wreck, and had asked for sick leave to Nice. A captain in the Marines examined me, and as soon as he saw my physical condition and the skin trouble, he had permit issued to send me to Nice, with the understanding that I should return to the hospital for treatment.

I was at Nice 14 days, receiving treatment at the hospital there. I came back to Gives and was treated again at Gives Hospital, and remained a patient for over a month. While in the hospital at Gives I came very near receiving a court-martial. We had a skin specialist there who was treating the boys with gas burns with sulphur and lard. They compelled us to rub sulphur and lard into our sores. At this time I could hardly walk more than two blocks without sitting down, for I had already received internal injuries about the time my ear drum was broken, which dated back to about October 20 or 22, 1918. While I did not receive much treatment at the hospital, outside of my throat, which they were treating, it gave me a rest, for I was still in terrible physical condition. The drilling that Sunday broke my health as nothing else did.

The medical major of this base made a number of examinations and found my heart had been affected after having the pleurisy, and the direct cause of this is that drilling Sunday in the rain, when something gave way in the region of my heart, for I thought that I would have to drop out when drilling. No human being could stand up under this strain after all we had been through before. The medical major inquired of me if any of our men were to return to the States soon and I stated that there was a rumor that there were 150 or 200 of wounded men and gas patients to return. He instructed me the next day to go up in the Ford car and see our commanding officer, Maj. Trenfinger, who stated that this was true, but he did not know whether my name was on the list. He stated probably I would be on it because he had heard of my physical condition.

I returned to the hospital and reported to the major, who arranged for me to be returned to my company, then the Forty-fourth Service Company, where, he stated, I would be placed upon the list to return home. I was there only three or four weeks when this company was formed and put on light duty. We were formed in the Sixth Casualty Company, under Capt. Curtis, and went home by the way of St. Nazarre. We sailed the 7th of July from St. Nazarre. After 10 days' voyage we arrived in Hoboken. From there we went to Camp Merritt for out outfit, was divided up, and the officers sent south and west with the men from their districts. The men from New York State were sent to Camp Upton,

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[2] Just before Lieut. Col. Sadler put us through this punishment, this was just after the armistice, he took 25 of us out of the laboratory to line up and move Western Union cable reels, of 200 pairs or more per cable, in a pouring rain instead of getting horses from the remount, where they were calling for men to exercise the horses. It was only through the good fortune of Lieut. Ross that after the first day, working in the pouring rain unnecessarily, he transferred me to other work, for I had had pleurisy before this and had only been out of quarters a few days. If Lieut. Ross had not transferred me I could not have stood the strain. Lieut. Ross also, just a week or 10 days before this, placed me in quarters on account of the treatment we were getting from the lieutenant colonel. Also, Col. Treffinger stood up for us and put a stop to some of the tricks that were being pulled off at this base.

If it had not been for such men as these two officers mentioned, and also Capt. Curtis and the marine officer who sent me on my sick leave and ordered me to report to the hospital as soon as I returned, I would not be alive to-day. For not even the robust Austrian soldier or German soldier could have stood up under such treatment. In our case it was not necessary for punishment, for all the men were innocent of any offense; also 60 per cent of the outfit was technical and college men who, before the war, had been holding down positions as superintendents and foremen and engineers from $2,500 to $4,500 or $5,000 a year.

[3] When at the base hospital in Gives when I was examined and found with the weak heart, the doctor wanted to know what my symptoms were when I was laid up the 15 days in the barracks, and from his examination it showed that I had pleurisy at that time, and he wanted to know why my lungs had not been tapped, for he said I must have been in a serious condition, which I realized at the time, for my bunk was next to a stove and with a roaring fire and all the blankets they could furnish I was still in a chill and also sweating as though I had jumped into a river, and the boys were complaining that I was shaking the whole bunk.

N. Y. We reached Camp Upton without any officers that knew us. The second day we were in camp they gave us a lecture that if we did not reenlist we would probably remain in camp two months or more. As most of us had been hospital patients with wounds and gas burns we merely laid low, for we knew we could get passes to go to New York once in a while. In a week or 10 days we were given an examination which was not complete; the men would merely pass by and they would say, "Move on, move on."

I was refused an X ray at Camp Upton; also, we were instructed at one of the lectures by one of the captains there that if we had received any injuries or been in hospitals that we should make a formal report, which we did. I have not been able to locate this in my records.

I was discharged the 1st of August with a slight cough and soreness in my lungs caused by the pleurisy that I had had in France. I remained in New York City, for nearly all our railroad construction had stopped on account of the war, and in a short time I went to work in one of the factories in Brooklyn. But inside of a month I had begun to cough and spit blood. And in a month's time I had not worked one week steady on account of the pains in my intestines and my lungs. I was receiving medical treatment from local doctors, and then finally the Red Cross found out that I was in serious condition and they sent me to Red Cross doctors and to the skin and cancer hospital, where they found this rash and sores all over my body. Also, my lungs were growing worse, and I had a constant cough.

In January, 1920, the United States Public Health Service took me over, and I was receiving treatment at the Government hospital in New York, and then was sent to the Catskills as a tuberculosis suspect. At that time I weighed 118 pounds. I gained a little in the Catskills and also in the Delaware Water Gap, where I was later, but none of this time could I sleep. It was 2 and 3 o'clock in the mornings when I could get to sleep, on account of the coughing and the reaction set up by this skin trouble. While in Connecticut in the last of June I gained some, but it was difficult for me to breathe.

On the 1st of July I was still getting worse, and I could not breathe, and my cough kept up and my body had become one mass of sores. The United States Public Health Service office in New York City did not realize the condition I was in, and they failed to treat me, outside of the violet rays that they were baking me with at the Government hospital. I was in such a condition in the middle of July, and not receiving any benefit from the local doctors, that while at the Pershing Convalescent Home, one of the community workers called in Dr. Cohler to examine me, and he was the only one able to overcome the skin infection from gas poisoning, as he will show in his report. I was still under medical attention until the last of December, when I came on to Washington to get a settlement with the Government, for the United States Public Health Service had failed to connect up my disability to service.

While in Washington I have been able to connect up disability, but have not been able to find the medical record that I was to have a medical discharge at Gives, France. While my health is some better at the present time, my lungs are still affected, and also my heart is giving me trouble, and my intestines are still affected from the injuries. On account of Lieut. Col. Sadler's report, I was held up in regard to a promotion, and my discharge states that I was never recommended, which is not true. I was recommended three times for M. S. C. and also once for a commission on account of my technical work. Also, there is no record of my service in my discharge, I suppose on account of my scattered service when working with other outfits and keeping up the line communication with other outfits, because I came in touch and worked some with the Four hundred and eighteenth Telegraph Battalion; also did some work with the Twenty-seventh Division.

The mistake in applying for my training was through the advice given me by the United States Public Health Service doctor, who advised me in December, 1919, to apply for training, for I was not fit at that time, and it merely mixed up the data and also the data was not complete; also I am sorry to state that we had certain parties making out reports in the New York office of the Federal board which were not competent, and they lost part of my record; also one party who had only served a couple of weeks on this side who was impudent when I asked him to correct the reports, and he seemed to know more than the one in charge of that division. Two affidavits were lost in that office, also three sputum examinations by the United States Public Health Service in the New York office, and two by the Federal board; also two affidavits were lost by the Public Health Service.

As far as the New York office is concerned, I may still be a tuberculosis case. In July, 1920, when I again applied for training, I had another physical examination, and two of the doctors argued for nearly two hours in regard to my case, for I had brought over a release from the hospital, and the throat specialist advised me to take up training, also public speaking with it, so that I could again get control of my throat. These two doctors stated in their argument that I never would be well as long as I would remain in this climate, and it would be necessary for me to go to a western and a dry climate.

Instead of making out such a report, they made out a report for the New York office, stating that I was better and, as I understand, stated that I was able to work. Dr. Cohler's report covers this period when they said I was better. I was worse at that time and I came very near not pulling through, and yet the report states that I was better. My body was covered with sores and I could not put my arms down straight, and I was not able to sleep until 2 and 3 o'clock in the morning on account of the reaction due to this skin trouble, also affection of my lungs and heart, which has already been covered in this report.

Dr. Cohler's address is 424 West Twenty-fourth Street, New York.

Mr. Rayburn. How much compensation are you receiving now?

Mr. Fargo. I am at Providence Hospital at the present time.

Mr. Rayburn. How much compensation do you receive?

Mr. Fargo. For the first two months I received only $16. Then from January up to July they allowed me $80. Then, when I went to the hospital, or on the 29th of July, they cut me from $80 to $20. They stated that I was better. At that time I went before the Federal board to see about my training, and the United States Public Health Service doctors argued for two hours about it and stated that I would not be able to stay in this climate, but would have to go to the Pacific coast. I have found here, however, that they sent out a report contrary to that, and they even said that I was able to work. My records are all mixed up in the Public Health Service and also in the Federal board office, and so far I have not been able to get the training.

Mr. Sweet. What compensation are you receiving?

Mr. Fargo. $20.

Mr. Sweet. You are now in Providence Hospital?

Mr. Fargo. Yes, sir.

Mr. McVay. Will you permit an interruption there? I would simply like to say that the wording of the rehabilitation act as passed by Congress means that where a man has a physical disability by which he is vocationally handicapped, or which hinders him from going back to his own job, according to the regulations, if he can get a statement from his own employer saying that he is not physically fit to carry on his job, he becomes automatically and immediately entitled to section 2 training from the Federal board. Apparently, somebody—I do not know who—but somebody has not given this man what he is entitled to, if his testimony is correct. If what he states is true, he has not had the kind of deal or the kind of treatment that Congress really intended he should have when they passed the rehabilitation act. In the eighth district, out at Chicago, they would give that man No. 2 training in 24 hours after receiving notice of his case or his application. If he is an eastern case, I do not understand that that would be done in an eastern case.

Mr. Rayburn. Have you filed a statement with the board from your former employer?

Mr. Fargo. They realized my handicap, and the fact that I can not go back to construction work, because I would have to take a physical examination.

Mr. McVay. There is no reason in the world why he should not be awarded section 2 training, but there is a reason in the world, after being awarded section 2 training, why he could not get the training if the Government doctors say that he has lung trouble; that will hinder him or handicap him in getting vocational training.

Mr. Fargo. They gave me a release from the hospital, and the throat specialist recommended that I take up training and public speaking so that I could again get control of my throat. Then they turned me down in the New York office. They had an argument of over two hours. Those two doctors claimed in their argument that I could not stay in this climate any longer.

Mr. McVay. Have you taken your case up with your Congressman?

Mr. Fargo. Yes; I have.

Mr. McVay. Has he called it up?

Mr. Fargo. Yes, sir; but there has not been much action.

Mr. Rayburn. Have you been to see him?

Mr. Fargo. Yes, sir; I have.

Mr. McVay. I can not understand his case. Apparently, he is not getting what Congress intended that he should get.

(Thereupon, the subcommittee adjourned.)

STATEMENT SUBMITTED BY HON. FREDERICK C. HICKS, A REPRESENTATIVE FROM THE STATE OF NEW YORK.

I doubt if there are any measures now pending in Congress more worthy of enactment, or more deserving in purpose, than the bills now under consideration by this committee providing for the centralization under one responsible head of the War Risk Insurance Bureau, the Rehabilitation Division of the Federal Board for Vocational Education, and the administration of that portion of the Public Health Service which deals with the ex-service man. Personally, I believe such a consolidation is advisable.

At the outset let me quote from Col. Cholmeley-Jones in his report to the Secretary of the Treasury on this subject:

"Experience has demonstrated very clearly that it is unsatisfactory to the ex-service men and women, and to the Government alike, to separately administer several distinct services to ex-service men and women. Beyond all question it would be to the mutual advantage of the Government and to its beneficiaries if Congress would consolidate all Federal agencies dealing with ex-service men and women, centralizing responsible authority, appropriations, and disbursements."

I will not review the obligation of the Federal Government to the men and women who formed that vast army of victorious, patriotic Americans, whose service was rendered at the hour of their Nation's need; neither will I recount the deeds of heroism and of sacrifices made by them in defense of flag and country. The history of their service is an inspiration and a heritage for those who follow after. They have done their part. It is for us now to do ours. The pledge we made these men was the promise that the disabled, and the dependents of those who laid down their lives, should be cared for properly and generously. That was the intention of Congress; that was the intention of the American people. It was not to be an act of charity—God forbid that this great Nation will ever feel for a moment that its defenders are to be considered from that standpoint.

These men ask not for alms, but for justice; not for sympathy, but for the fulfillment of an agreement, and if men and women ever deserved the gratitude and the generous consideration of our Republic these men and women deserve it. It is our duty to see that this consideration is given them.

Abraham Lincoln, the anniversary of whose birth we have just fittingly observed, touched the true note in his second inaugural address when he spoke of the obligations due those who had borne the shock of the conflict. In that great oration he said, "With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the Nation's wounds, to care for him who shall have borne the battle and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations."

When that utterance was delivered the Civil War was drawing to a close, and Lincoln with prophetic wisdom saw clearly the problems that awaited the disabled veterans and those dependent upon them. Now, more than two years after the termination of another great conflict, we are confronted with problems relating to the service men of this war.

It was and is the purpose of the Federal Government to provide amply for these men. Laws were enacted to carry out this expressed desire and money was appropriated, but it is evident that the machinery set up to carry out the will of the Nation is not running smoothly, and, therefore, should be overhauled, repaired, or replaced. There has been no controversy over the fact that the most complete assistance should be granted the disabled and the diseased veterans. Everyone agrees to that proposition, but testimony discloses that the bureaus created for the benefit of the ex-service men have not functioned properly.

At a convention of the American Legion held in Cleveland last September the following recommendation was passed:

"As the work of the Government agencies was being reviewed by our committee and the resolutions presented were being considered, the thought which impressed itself most upon the minds of the committee was the necessity of unifying the efforts of all agencies dealing wtih the welfare of the disabled ex-service persons. Duplication of effort by governmental agencies, differences of opinion, pride of accomplishment, and, at times, misunderstandings, without one head passing final judgment, is detrimental to the best interests of the ex-service man, whom the Government is trying to help. We can not conceive of a greater accomplishment for the American Legion than the securing of the passage of a law which will unify the efforts of all of the governmental agencies."

The bills now under your consideration seek to relieve the situation by accomplishing the following purposes:

1. The consolidation of the Government agencies which have to do with the disabled veterans into one bureau in the Department of the Interior. This means the War Risk Insurance Bureau, which looks after the compensation of the disabled; the Federal Board for Vocational Education, which seeks to train the disabled to play their parts in the workaday world again; and the administration of the Public Health Service, which looks after the ills of these men. Who shall have authority in the actual treatment of these veterans after they have been admitted to the hospitals is a matter about which I realize there is an honest difference of views. On this subject I express no opinion; my only interest is to have the men cared for properly, without red tape and delay.

2. The erection of sufficient hospitals to care for the men who need medical attention.

3. The enactment of legislation contained in the so-called Wason bill, which has passed the House, but which has not yet been considered by the Senate. This measure provides for the establishment of 14 regional branches of the War Risk Insurance Bureau and as many suboffices as may be needed. It makes possible the payment of premiums on the Government insurance through any post office, and relieves from the payment of premiums on their Government insurance all disabled men in hospitals or taking vocational training, and all disabled men temporarily unable to follow any gainful occupation. The bill also extends the time in which ex-service men may apply for hospital treatment from one year after discharge to one year after the passage of the act.

The impression was prevalent that with demobilization would come a decrease in the number of patients in our military hospitals, but from facts disclosed the tide is evidently running in the opposite direction, and it is predicted that in the very near future there will be 30,000 men, or perhaps 50,000 men, who will need medical attention. The problem of caring for the former service man during the next decade at least is one that instead of subsiding will grow with the years, for it is estimated that the peak will not be reached until 1923 or

1925. Comparisons are both interesting and useful and what has occurred in the past is frequently an index of what may be expected in the future. For the 2,400,000 men who served in the Union Army during the Civil War, 579,115 invalid claims were allowed in the 36 years following that conflict. If the ratio holds good for the 5,000,000 veterans of the recent war, then by 1954 1,000,000 claims for disability should be granted these younger veterans. This figure may be high, due to the fact that in proportion to numbers enrolled those who were actually engaged in combat in the Civil War was greater than those so engaged in the recent war.

The Surgeon General of the Public Health Service reported that on January 1, 1921, there were 19,019 disabled ex-service men under treatment as patients of the Bureau of War Risk Insurance. He states that 10,000 additional beds in hospitals are urgently needed for the care of tubercular and mental diseases. Owing to the lack of hospital facilities, service men have been placed in State insane asylums, in wards with the criminal and pauper insane; others have been sent to county institutions for the poor, while others have been sent to crowded private institutions. These conditions must be corrected at once and additional hospitals must be provided. I am glad the Langley bill, creating additional hospital facilities, has passed the House, and undoubtedly the Senate will favorably consider it. Let me quote an interesting statement made recently by Dr. Salmon before this committee, which is illuminating and should correct certain unfortunate and unfounded impressions:

"There is an impression in some quarters that a great horde of ex-service men, some of them seriously sick and some of them slightly sick, are throwing themselves upon the Government to receive the hospital care or compensation, or both. I think every person in this room will be surprised to know the actual proportion of the 4,600,000 discharged ex-service men who are now receiving treatment in any kind of Government hospital or in any hospital at Government expense is just 1 to 230 of that great army of men. In France, on the day of the armistice, 1 man in 10 of the whole American Expeditionary Forces was in a hospital. At Harvard University to-day 1 man in 50 is either in his room or in hospital, cared for by doctors and nurses. So this army of ex-soldiers, far from throwing themselves upon the Government in great numbers, are for the most part finding their treatment elsewhere."

Realizing the scope of the problem that confronts us, we must rehearse certain facts and figures. Statistics are dry reading, but they sometimes tell graphic tales. For instance, 641,000 men who donned the uniform of the United States during the war hold discharge papers which indicate various degrees of disability. Already 268,802 of these men have been judged 10 per cent or more disabled and entitled to compensation under the war risk insurance act. More than 125,000 of them have been pronounced vocationally handicapped, and 60,000 of them are receiving vocational training from the Government.

It is estimated that 80,000 men with disabilities traceable to their service have asked and received hospital treatment from the Government. It is said that 5,000 enter the hospitals every month against 3,500 who leave the hospitals—an increase of 1 500 seeking hospital treatment every 30 days.

The disabilities of the men have been classified to a considerable extent. Of the 641,000 discharged with disabilities, 46,310 have been classed as tubercular; 76,588 as mental and nervous cases; 75,000 as surgical; 62,869 as eye, ear, nose, and throat cases; 22,847 as miscellaneous; and 229,388 as medical. The rest have not been classified.

I will not recount the tragic cases that have come under my personal notice where neglect, indifference, or delay has caused hardship and suffering. I regret to say that they have been numerous, and bitterness and resentment has naturally resulted. At least half the work of my office is devoted to straightening out the tangles and delays which have worked against the ex-service men. It is a pleasure for me to do what I can for these veterans, and from my own personal knowledge I am convinced that there is serious need of readjustment, and therefore, Mr. Chairman, I give my indorsement to the bills you have before you.

While a bill I have introduced (H. R. 15343) providing additional compensation for disabled veterans is not now under discussion; I take the liberty of calling it to your attention, for I feel strongly that we are not liberal enough in our treatment of these men. I trust this bill will have your early consideration, for, in my opinion, many of our veterans do not receive sufficient compensation.

STATEMENT SUBMITTED BY MR. MARVIN GATES SPERRY, NATIONAL PRESIDENT OF THE PRIVATE SOLDIERS' AND SAILORS' LEGION, NATIONAL HEADQUARTERS 810 F STREET NW., WASHINGTON, D. C.

Mr. Chairman and members of the committee, there have been for many months past more or less secret but very determined efforts made to discredit and, if possible, finally abolish altogether the Bureau of War Risk Insurance.

It is perfectly clear to anyone who has given any attention to the work of Government insurance of the lives and health of the soldiers that there has been a persistent and determined effort to cast discredit on, and if possible break down, the entire activities of the War Risk Insurance Bureau.

This propaganda against Government insurance of the soldiers has never come out fully in the open, but it has been circulated most widely by innuendo, insinuation, and roundabout influence in all directions, the effect of which has undoubtedly been to cause many, many soldiers to let their Government insurance lapse, which is a great mistake on the part of any soldier.

The many programs for future governmental administration of the various forms of aid granted ex-service men who suffered disability as a result of the late war have finally centered around one issue: "Shall responsibility be more definitely placed and centralized or shall it be further disintegrated?"

All are agreed that the present arrangement, with five agencies, namely, the Public Health Service, the Federal Board for Vocational Education, the Bureau of War Risk Insurance, a section of the Army, and a section of the Navy, have not functioned well, to put it mildly, because they have worked as individuals and not as a unit. Each has elaborate file records of the part of the disability history which they need; each has a good-sized corps of employees, usually known as liaison officers, who make the rounds from agency to agency; each receives a dozen or two sacks of mail a day from disabled ex-service men and their dependents; but with all of these five agencies at work it can not be said, without nullifying reservations, that the job as a whole has been well done.

There seems to be now, out of the mass of remedies offered, two general proposals which stand out. One calls for further decentralization. It would break up the organization and records of the Bureau of War Risk Insurance. It would put a fragment of the work of caring for the disabled in the Post Office Department, another fragment in the Interior Department, another in the Treasury Department, another in the Federal Board for Vocational Education, another in the Army, another in the Navy, and so on.

The advocates of this plan say that if the work is scattered out thin enough among the Government departments quite a few employees can be dropped next year and some money saved. But how many lives, which were so valuable in time of war, will be lost and how much suffering will go on and on unrequited through the Government's neglect, God alone will ever know.

The second plan, which we have the honor to recommend, demands the centralization of responsibility for administering all of the aid for the disabled ex-service men which has been granted them by Congress. We made an unbiased investigation of the various agencies which now attempt to look after disabled veterans in order to find out which was best qualified, as regards organization, methods, records, equipment, and trained personnel, to take over full responsibility with a minimum of hardships for the disabled and of loss for the Government. As a result, it is recommended that the Bureau of War Risk Insurance be made the responsible agent, for the following reasons:

First. There has been marked improvment in the operation of the Bureau of War Risk Insurance from the early days when it had 17,000 employees scattered around in 19 different buildings and sheds here in Washington down to the present time, when it has 6,000 employees housed in one modern office building. It is a going concern, and organized and run as such. Incidentally, it now operates under a budget system, which means that it checks up its results and costs.

Second. The Bureau of War Risk Insurance has developed in one case or jacket a complete history of the service, disability, compensation, allotments and allowances, and insurance of every disabled ex-service man concerning whom a claim has been filed. Here we have in one place a record of the man, his dependents, his physical condition, and what the bureau has done. This data is necessary before payments of either compensation, insurance, or allotments can be made. It would be exceedingly foolhardy to duplicate these records, which would be necessary if insurance were farmed out to one department, compensation to another, allotments to another, and so on. There is too much duplication of records and files now in the various departments, bureaus, and boards with which disabled soldiers and sailors must deal.

Third. These jackets, or cases, in the Bureau of War Risk Insurance contain the facts which form the legal basis for all of the aid afforded, including the vocational board's provision for education and the Public Health Service's medical and hospital care. These two agents are supposed to consult the Bureau of War Risk Insurance before they act, but they don't always do it. In fact, a man may be receiving compensation for one reason and vocational training for another and get checks each month from both at the same time.

Why not have the entire story of each disabled man's case and what the Government has done and intends to do for him in one place, so that one eye can take in all the facts at one time and act thereon? At present there is no one agency which knows the exact status of a man at a given time. It takes so long to get around to all the places and gather up the fragments of information that by the time they are all finally brought together they are out of date.

Fourth. The disabled men and their dependents are acquainted with the Bureau of War Risk Insurance. It has been sending them checks for over three years. In November, for example, $10,164,493 was paid in compensation, $7,309,088 in insurance, $1,260,722 in family allowances, and $1,022,883 in allotments. I hate to think of the amount of Government red tape that would have to be untangled if the disbursement of this money was split up and put in the hands of four or five departments instead of one.

Last, but not least, the Bureau of War Risk Insurance has established a follow-up system for unsettled claims which makes for efficiency and prompt attention to the needs of its claimants. Why not throw off the handicap which necessarily limits the benefits to be derived from a systematic follow-up?

Common justice and common sense would seem to dictate that the solution of the unsolved problem of caring properly for those who sacrificed in the late war lies in the direction of placing entire responsibility for administering all Government aid through the best agency which the Government has at hand with which to do it.

Both Congress and the executive branch of the Government itself should assure the soldiers and the public by appropriate action that the War Risk Insurance Bureau, for the benefit of the soldiers, is to be made permanent, regardless of what opposition comes up against it.

LETTER SUBMITTED BY SAMUEL H. COPENHEAVER.

251 East Princess Street,
York, Pa., February 14, 1921.

Burton E. Sweet, M. C.,
House of Representatives, Washington, D. C.

Sir: I received your letter of February 12, and on account of the uncertainty as to the exact day that your committee would be able to hear me, I am sending you herewith a statement of my experiences at Markleton (Pa.) Hospital and United States Public Health Service Hospital No. 49, Philadelphia, Pa.

I inclose herewith a petition dated August 10, 1920, which I formulated at Markleton, Pa., and an exact copy was given by me to the commanding officer at Markleton, and it was this petition that prompted the staff at Markleton to consider me a mental case, and they railroaded me to a mental hospital, and I was subjected to severe mistreatment.

I went to United States Public Health Service Hospital at Markleton, Pa., on May 2, 1920, for treatment for pulmonary tuberculosis under orders from the Bureau of War Risk Insurance.

I was a convalescent patient and was not bedfast.

Early in August, 1920, I had a severe vomiting spell and was on the verge of intestinal tuberculosis.

I asked the doctors for the white of an egg twice daily, which was the only thing that relieved my condition. This was given me for a few days, then denied me, the doctor telling me that I only imagined my condition.

There were about 20 bed patients at this time and they were grossly neglected, the doctors justifying their neglect by saying that the men are just "gold bricking," and not in need of attention.

The buildings were very insanitary and it was apparent that no one in charge cared for our health.

The doctor, Smeltz, a so-called nerve specialist, who has a part ownership in the hospital buildings at Markleton, Pa., examined me in a room and gave me a so-called psychology test, and the windows were all closed tight except one window, which was opened about 6 inches from the bottom. I asked him to open the windows farther so as to give me a fair test, and he told me to mind my own damn business.

He secretly recomended to the Public Health Service headquarters at Washington to send an attendant for me and take me to a mental hospital. I was no mental case then and never thereafter, but only because I threatened to expose the mistreatment of patients did he call me one.

I was taken to United States Public Health Service Hospital No. 49, Philadelphia, Pa., August 20, 1920, where all my belongings were taken from me and I was put into a locked ward among syphiletics and insane patients and was forced for nine days and nights to be inside, and this nearly killed me after being in the mountains for three and one-half months.

I begged for attention and for open-air sleeping in vain, and on one occasion when suffering with acute indigestion on August 23, 1920, I asked for mere baking soda for relief, an attendant by the name of Murphy in ward B nearly choked me to death when I insisted on having something for relief. It was next to impossible to consult with the commanding officer.

The ward surgeon had the full say so, and I was told by my ward surgeon that while I am in that hospital I need not pay any insurance premiums on my $10,000 insurance, and through that statement my insurance lapsed in September, 1920, and the Insurance Division of the Bureau of War Risk Insurance refuses positively to reinstate me; and yet I was locked up and all my money and watches and cigarettes, diaries, in fact, everything was taken from me and my mail was interfered with, in fact for two weeks my letters which numbered four to my wife were not let go through.

I beg of your committee to note that they tried hard to make a mental case out of me by putting me in wards with over half colored patients and insane men, and only after I was there six weeks did they let me go home, and then only when my wife signed a paper that she would be responsible for my actions.

And in the face of that and of telling my wife that they "pity her," they recommended to the Federal Board for Vocational Education that I am fit for training.

They tried hard to make me feel satisfied to stay there, but it was the wrong place for a man not a mental case.

Please investigate this mental hospital and release those that are not even incipient mental cases.

How can they take away a man's liberties and hold up his mail?

Can you have my insurance matter adjusted?

I was reinstated in August, 1920, and lapsed only through being locked up and money taken from me because I had the nerve to fight against that grafting unscrupulous bunch at Markleton, who only cared for the money they got for rent for their hospital and cared nothing for disabled ex-service men.

I am 32 years old and married and am only too sorry that my physical and financial condition will not allow me to come to Washington and hang around to await opportunity to see the committee.

Excuse the long letter. My experiences and my disability are also of long duration.

Yours, truly,

Samuel H. Copenheaver.

Compensation No. C.–137467; insurance No. T. 4146808.

United States Hospital No. 47.
Markleton, Pa., August 10, 1920.

To: Maj. Pillsbury.
From: Some patients.
Subject: Complaints and a petition.

We, the undersigned patients of this hospital, recognizing you as a fair and just executive, and knowing that you are anxious to receive our help and suggestions in order to make this a still better place for us to take treatment for tuberculosis, do hereby petition you for better sanitary conditions and better medical attention.

Our wards are dirty and unclean, the windows are dirty to the extreme, the sputum cans are left uncovered, there is a great scarcity of spoons on the tables in the mess halls; also this morning at breakfast the fried potatoes were "stale"; that is, they were "left overs" from yesterday and "warmed up" this morning.

There is a very noticeable "laxity of duty" on the part of some of your subordinates.

We know that the war risk act provides for better treatment and hereby earnestly beg of you as commanding officer to better conditions for us all, so as not to necessitate us of appealing to the United States Congress for redress.

Thanking you in advance, we are,

Your comrades,

Samuel H. Copenheaver; Barney Bijeski; Charles Davison; John Keyser; George Lyon; Francis Stasen; Joseph Hicks; Frank Sandoe; James Butler; Paul Chuvarks; Anthony Dinardo; John Zamytis; Ludovici Lawrence; A. L. Brown; John F. Wall; Joseph J. McLaughlin; Frank G. Bab; John Ross; Peter Seres; H. L. Barton; O. C. Philips; T. J. Gilmore; W. S. Weaver; C. W. Creel; John Wisutski; Melvin H. Diven; Frank V. Key; Joseph Rogers P. Dicilso; Giuseppe Zeali; Paul Menzes; Joseph F. Cleary; Geo. Eckert; Robert J. Conn; Adolph Saltman; Albert Erkert; A. Brom; N. Sondheim; Coston Ropserlch; A. Philipchuk; John W. Flaherty; Louis Devereaux; William Scott; John J. Hagan; Wm. Berry; A. B. Scott; F. J. Llverich; W. T. Woods; A. J. Sweed; Thomas Graham; T. A. Burke; A. J. McIntyre; V. J. Wierciwski; A. Sierziega; George Baird; George Lyons; Patrick Henry; Thos. J. Conley; C. M. Weaver; Frank W. Golas; Jos. D. Hood; F. M. Conrad; Edw. Meighan; M. Kaminsky; J. R. Markley; Leon Lurtkewlez; Ralph Dragin; T. F. Holland; Harold F. Quinn, Chas. Baulovih; B. Cadiz; Winfield Becker; Antos Loranta; E. W. Hykes; Victor Horn; Giuseppe Zeoli; Harry Potaski; Robert C. Myers; John Joseph Fitzunmen; F. O. Miller; George B. Pace.

LETTERS SUBMITTED BY MEMBERS OF CONGRESS.

LETTER OF HON. JOHN J. ROGERS AND REPLY BY HON. FRANK PARK.

House of Representatives,
Committee on Foreign Affairs,
Washington, D. C., February 11, 1921.

My Dear Colleague: The Sweet subcommittee of the Committee on Interstate and Foreign Commerce is to resume hearings, beginning next Monday, February 14, on my bill (H. R. 14961) "To establish in the Interior Department a Bureau of Veteran Reestablishment, and for other purposes."

The purpose of this bill is to create a new bureau to which shall be transferred the present Bureau of War Risk Insurance and those portions of the functions of the Federal Board for Vocational Education and the United States Public Health Service which relate to the veterans of the World War. No doubt your office, like my own, has been impressed with the difficulties of securing prompt and satisfactory adjustment of the innumerable cases which are brought to your attention. It is the opinion of those who have studied the question most carefully that the true solution is to consolidate at the top our various governmental soldier agencies, and at the same time decentralize in the field.

This bill has been drafted after consultation with the national officers of the American Legion, and immediate action upon it is urged upon Congress by the American Legion executive committee, which has just adjourned.

If you desire to be recorded in favor of the bill in principle, will you not either arrange to appear at the hearings or write Mr. Sweet or myself, so that the committee may have the benefit of your viewpoint? It ought to be possible to secure passage of the bill before March 4.

Sincerely, yours,

John Jacob Rogers.

My Dear Colleague: I will not have the time to attend the hearings, but it appears to be a good thing to consolidate the various heads.

Yours, truly,

Frank Park.

LETTER SUBMITTED BY HON. HUBERT F. FISHER.

House of Representatives.
Committee on Military Affairs,
Washington, D. C., February 11, 1921.

Hon. John Jacob Rogers,
House Office Building.

Dear Colleague: I am in receipt of your communication in which it is stated the Sweet subcommittee of the Committee on Interstate and Foreign Commerce will resume hearings on Monday next on H. R. 14961, which has been introduced by you, the purpose of which is to create a new bureau in which shall be transferred the present activities of War Risk, etc., for the benefit of the veterans of the World War. It will be impossible for me to be present on Monday, but I desire to be recorded as in favor of the purposes of the bill. I hope you will be successful in having the matter brought up for consideration in the House before March 4.

Very truly, yours,

Hubert F. Fisher.

LETTER SUBMITTED BY HON. H. STEENERSON.

House of Representatives,
Committee on the Post Office and Post Roads,
Washington, D. C., February 11, 1921.

Hon. John Jacob Rogers,
House of Representatives, Washington, D. C.

My Dear Sir: Replying to your favor of the 11th instant, with reference to H. R. 14961, "To establish in the Interior Department a Bureau of Veteran Reestablishment, and for other purposes," I beg to say that I am in favor of the bill and I wish to be so recorded.

While unable to give expert advice on the details of the proposed organization, I can testify that the Bureau of War Risk Insurance and Federal Board for Vocational Education have not administered and are not giving satisfaction to those for whose benefit this service exists.

Yours, very truly,

H. Steenerson.

LETTER SUBMITTED BY HON. I. V. M'PHERSON.

House of Representatives,
Committee on Naval Affairs,
Washington, D. C., February 11, 1921.

Hon. John J. Rogers,
House of Representatives, Washington, D. C.

Dear Mr. Rogers: Yours of the 11th, with notice of the hearings on the bill to establish a Bureau of Veteran Reestablishment, and for other purposes, was received.

I am heartily in favor of the principle of such legislation and think it would be a great improvement over the present methods of service for disabled soldiers.

Command me for whatever I can do to aid in the passage of this bill at this session.

Respectfully,

I. V. McPherson.

LETTER SUBMITTED BY HON. ALLEN T. TREADWAY.

House of Representatives,
Committee on Ways and Means,
Washington, D. C., February 11, 1921.

Hon. John J. Rogers,
House of Representatives, Washington, D. C.

My Dear Colleague: I am very glad to inform you that I am heartily in favor of your bill, H. R. 14961, "To establish in the Interior Department a Bureau of Veteran Reestablishment, and for other purposes." I think such a movement would be of much benefit to the service men, and I can assure you I shall be pleased to cooperate in every way possible to hasten action upon the measure.

Kindly file my appearance with the committee.

Sincerely, yours,

Allen T. Treadway.

LETTER SUBMITTED BY HON. SAMUEL M. TAYLOR.

House of Representatives,
Committee on Appropriations,
Washington, D. C., February 11, 1921.

Hon. John J. Rogers,
House of Representatives, Washington, D. C.

Dear Mr. Rogers: Anything will be better than what we now have. I feel that I am with you, so fire!

Sam M. Taylor.

LETTER SUBMITTED BY HON. HENRY E. BARBOUR.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. Burton E. Sweet,
House Office Building, Washington, D. C.

My Dear Mr. Sweet: I desire to go on record as favorable to early consideration and passage of the Rogers bill, H. R. 14961, to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes.

With kindest regards, I am,

Sincerely, yours,

H. E. Barbour.

LETTER SUBMITTED BY HON. H. GARLAND DUPRÉ.

House of Representatives,
Committee on Rivers and Harbors,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers,
House of Representatives, Washington, D. C.

My Dear Mr. Rogers: I am in receipt of your letter of the 11 instant, advising me that the Sweet subcommittee of the Committee on Interstate and Foreign Commerce is to resume hearings, beginning next Monday, February 14, on your bill, H. R. 14961, "To establish in the Interior Department a bureau of veteran reestablishment, and for other purposes."

I have heretofore stated to you personally that I favor this measure in principle, though I am not prepared to assent to it in all of its details. I attended the hearings previously accorded this measure by the Committee on Interstate and Foreign Commerce. I have likewise indicated to a number of correspondents from my district and State, who favor this measure, that I was in sympathy with its objects, and would be very glad to assist in any way that I could to have same reported out of committee, so the House might consider the measure before adjournment of the present session of Congress.

I now renew in this letter the past assurances I have given, and I sincerely trust that the Sweet subcommittee will act favorably on the measure, and with such amendments as it deems proper report same to the entire Committee on Interstate and Foreign Commerce, and that the latter committee will be able likewise to report the measure in question without delay, so action may be had on it before the expiration of the present session on March 4 next by both the House and the Senate.

You are at liberty to incorporate this letter in the hearings before the Sweet subcommittee, before the entire Committee on Interstate and Foreign Commerce, before the Rules Committee, and your steering committee, with a view to having this matter considered and disposed of before the close of the present Congress.

Very truly, yours,

H. Garland Dupré.

LETTER SUBMITTED BY HON. AMBROSE KENNEDY.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers,
House of Representatives.

My Dear Colleague: I have your letter of the 11th instant respecting your bill H. R. 14961. I am heartily in favor of the adoption of this measure, believing it will result in more efficient service for the benefit of disabled veterans of the recent World War.

Sincerely, yours,

Ambrose Kennedy.

LETTER SUBMITTED BY HON. F. F. PATTERSON, JR.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers,
House of Representatives, Washington, D. C.

My Dear Colleague: In reply to your favor of the 11th instant I beg leave to say that I shall be glad to support the bill to which you refer, as my experience has been that there is need of reorganization and consolidation not only in the War Risk Insurance Bureau but in several other bureaus of the Government.

If the measure has the approval and backing of the American Legion, it surely should be passed, as the members of that organization are the ones most vitally interested.

Owing to other engagements, I regret that I will be unable to attend the hearing on the bill.

Cordially, yours,

F. F. Patterson, Jr.

LETTER SUBMITTED BY HON. C. ELLIS MOORE.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. J. J. Rogers,
House of Representatives, Washington, D. C.

My Dear Colleague: This will acknowledge receipt of your communication, and I beg to advise that it is my desire to be recorded in favor of the principle of your bill, which seeks to consolidate the several Government activities respecting our ex-service men.

I sincerely hope that this legislation may be passed at the earliest possible date, as recommended by the American Legion.

Respectfully, yours,

C. Ellis Moore.

LETTER SUBMITTED BY HON. WALTER W. MAGEE.

House of Representatives,
Committee on Appropriations,
Washington, D. C., February 12, 1921.

Representative John Jacob Rogers,
House Office Building, Washington, D. C.

My Dear Colleague: Your communication of February 11, in reference to your bill, H. R. 14961, "to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes," is at hand.

I shall be very glad, indeed, to support any bill which has for its purpose the prompt and satisfactory adjustment of the claims of disabled veterans of the World War.

Yours, with best wishes,

Walter W. Magee.

LETTER SUBMITTED BY HON. ZEBULON WEAVER.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers,
House of Representatives, Washington, D. C.

My Dear Colleague: I beg to acknowledge receipt of your favor of the 11th in regard to H. R. 14961, for the establishment of a bureau of veteran reestablishment. I strongly favor legislation of this kind, which will consolidate the various bureaus having the care of our soldiers, and I shall be glad to cooperate in any way in the passage of such legislation.

Very truly, yours,

Zebulon Weaver.

LETTER SUBMITTED BY HON. M. P. KINKAID.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers,
House of Representatives, Washington, D. C.

My Dear Mr. Rogers: I have received and noted the contents of your esteemed favor of the 11th instant, written relative to H. R. 14961, "to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes."

You request an expression of my attitude toward the bill. Will say I am pleased to assure you I am heartily in favor of its provisions as I now understand it.

Yours, very cordially,

M. P. Kinkaid.

LETTER SUBMITTED BY HON. CHARLES F. CURRY.

House of Representatives,
Committee on the Territories,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers,
House of Representatives, Washington, D. C.

My Dear Colleague: I am very much in favor of the enactment at this session of your bill (H. R. 14961) to establish in the Interior department a bureau of veteran reestablishment, and for other purposes.

The soldier agencies dealing with the veterans of the World War should be consolidated in order to give more effective and better service. Your bill, in my opinion, would accomplish that object, and I hope that the Committee on Interstate and Foreign Commerce will report the bill favorably to the House, and that we may be able to obtain action upon it by a special rule in the near future.

Sincerely, yours,

C. F. Curry.

LETTER SUBMITTED BY HON. FREDERICK R. LEHLBACH.

House of Representatives,
Committee on Reform in the Civil Service,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers,
House of Representatives, Washington, D. C.

Dear Colleague: Yours with reference to proper provision being made for the case of our disabled service men is at hand. I have been very unfavorably impressed with the delinquencies of the present agencies in the Government dealing with disabled service men. Consequently, I will be glad to support any measure which is finally determined to afford adequate relief.

Yours, very sincerely,

Frederick R. Lehlbach.

LETTER SUBMITTED BY HON. LADISLAS LAZARO.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers,
House of Representatives.

My Dear Congressman: Your letter of the 11th instant relative to your bill to create a new bureau to which shall be transferred the present Bureau of War Risk Insurance and those portions of the functions of the Federal Board for Vocational Education and the United States Public Health Service which relate to the veterans of the World War received and contents noted.

In reply will say that I am in thorough accord with a measure that will create a bureau that will carry in it these three bureaus which have to deal with the same individual. I believe it would result in quicker and more efficient service to the ex-service men.

Of course, in the beginning we had to learn by experience. No doubt the men in charge of these bureaus did the best they could under the circumstances, but I believe the consolidation of their work will be an improvement and will make it easier for them to render this service.

In speaking in favor of the appropriation for more hospital facilities for the soldiers the other day, in which I called attention to the fact that the earlier they received treatment the better their chances would be of being cured, especially the mental and tubercular cases. I also expressed myself in favor of consolidating these bureaus.

Very truly, yours,

L. Lazaro.

LETTER SUBMITTED BY HON. JAMES P. GLYNN.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers,
House of Representatives.

My Dear Mr. Rogers: I want to be recorded in favor of H. R. 14961, to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes. This bill appears to be along the right lines, and I hope the Committee on Interstate and Foreign Commerce will make a favorable report.

Very truly, yours,

James P. Glynn.

LETTER SUBMITTED BY HON. WILLIAM B. M'KINLEY.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers,
House of Representatives.

Dear Mr. Rogers: Replying to your letter of February 11, would state that I thoroughly approve of the bill you mention.

Sincerely,

W. B. McKinley.

LETTER SUBMITTED BY HON. EDWARD E. BROWNE.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. John J. Rogers,
Chairman of Committee on Foreign Affairs,
Washington, D. C.

Dear Colleague: I wish to thank you for calling my attention to your bill, No. 14961, to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes.

I wish to be recorded as in favor of this bill, and will cooperate in any way that I can to hasten its passage.

With high regards, I am,

Yours, very truly,

Edward E. Browne.

LETTER SUBMITTED BY HON. FRANK L. GREENE.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. John Jacob Rogers, M. C.,
Washington, D. C.

My Dear John: In view of the fact that the Sweet subcommittee of the Committee on Interstate and Foreign Commerce is to resume hearings beginning next Monday, February 14, on your bill (H. R. 14961) to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes, I am glad to take this opportunity to record myself in favor of the principle of your measure.

I do this not in any perfunctory or merely official sense, but because I share with you in the earnest conviction that there is vital need of concentration in this business and that now is the time to do it, so that the soldiers and the Government may have the benefit of the most direct and efficient administration of the law almost from the beginning.

I can not see how there can be any argument over this matter, except, perhaps, as to some administrative details. It certainly is my deep conviction that no time should be lost in bringing together the various activities of the Bureau of War Risk Insurance, Federal Board for Vocational Education, and the United States Public Health Service, which relate to the veterans of the World War.

It is plain enough that the future will develop a tremendous amount of business through these various agencies, and it is plain common sense to start right now with such a practical, businesslike organization of the Government agencies that are to deal with this business that the soldiers themselves, these brave and unfortunate men, may get the relief that a grateful Government owes them with the least possible delay, while, on the other hand, the Government itself will have the advantage of the conduct of its business on most approved lines of administration, efficiency, and economy.

Sincerely, yours,

Frank L. Greene.

LETTER SUBMITTED BY HON. WILLIAM N. VAILE.

House of Representatives,
Washington, D. C., February 12, 1921.

Hon. John J. Rogers,
House of Representatives.

Dear Colleague: I have yours of the 11th instant advising of hearings to be resumed on your bill (H. R. 14961) to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes.

I am strongly in favor of the principle of this bill. I may say, however, that I have been somewhat impressed with the arguments concerning retention of the name "Bureau of War Risk Insurance," on the ground that service men have grown familiar with this name through addressing communications—I regret too frequent communications—to this bureau.

Yours, faithfully,

William N. Vaile.

LETTER SUBMITTED BY HON. FREDERICK W. DALLINGER.

House of Representatives,
Washington, D. C., February 14, 1921.

Hon. Burton E. Sweet,
Chairman Subcommittee on Soldiers' Relief
of the Committee on Interstate and Foreign Commerce,
House of Representatives.

My Dear Colleague: Inasmuch as I may not be able to be present at the next hearing of your subcommittee, I wish to go on record as most emphatically in favor of a favorable report by your honorable committee on H. R. 14961, entitled "A bill to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes."

At the last session, the Committee on Education, of which I have the honor to be a member, conducted an exhaustive investigation of the whole question of the rehabilitation of disabled service men and as a result our committee reported in favor of a consolidation of the soldier relief work of the Bureau of War Risk Insurance, the Federal Board for Vocational Education, and the United States Public Health Service, under a new bureau.

In behalf of the disabled veterans of my district and as representing the unanimous desire of all the posts of the American Legion in my district, I most respectfully urge your honorable committee to report H. R. 14961, or some measure effecting the same purpose at the earliest possible moment in order that it may be enacted into law at the present session of Congress.

Very sincerely, yours,

Frederick W. Dallinger.

LETTER SUBMITTED BY HON. HOMER HOCH.

House of Representatives,
Washington, February 14, 1921.

Hon. John J. Rogers,
House of Representatives.

My Dear Colleague: I have your letter and am glad to advise you that I am in earnest sympathy with the consolidation proposal in the matter of the veteran reestablishment.

Very truly, yours,

Homer Hoch.

LETTER SUBMITTED BY HON. W. W. LUFKIN.

House of Representatives,
Washington, D. C., February 14, 1921.

My Dear Congressman: I understand that the subcommittee of the Committee on Interstate and Foreign Commerce are to resume hearings this week on H. R. 14961, providing for the creation in the Interior Department of a bureau of veteran reestablishment.

I hope very much that the committee may decide to report this legislation at the earliest possible moment, and I shall appreciate any suggestions you may be able to offer as to how I can helpfully cooperate with you in bringing about this desired result.

I believe every Member of the American Congress who has been personally interested in any cases of insurance, compensation, or vocational training must appreciate the necessity of a consolidation such as your bill provides. I have taken up, first and last, over 2,000 such cases affecting veterans in my district. As time goes on, and as I am forced to struggle more and more in an effort to overcome delays caused by a lack of cooperation and coordination between the various bureaus now engaged in administering these activities, I am more and more convinced that this consolidation should be brought about at once. It is needless for me to cite illustrations to you or to the committee; but I do feel that this bill, with such amendments as may be found necessary, should be reported to the House at once and every effort made to enact it into law at the present session. I might say in this connection that I believe the Legion members of my district are 100 per cent favorable to the proposed change.

Very truly, yours,

W. W. Lufkin.

Hon. John Jacob Rogers,
House of Representatives.

LETTER SUBMITTED BY HON. MARION E. RHODES.

HOUSE OF REPRESENTATIVES,
Washington, D. C., February 14, 1921.

Hon. JOHN JACOB ROGERS,
House of Representatives.

DEAR MR. ROGERS: Receipt is acknowledged of your favor of the 11th, with reference to your bill, H. R. 14961.

I have committed myself in favor of your bill in letters to American Legion posts in my district. I am for your bill.

Thanking you, I beg to remain,

Very truly, yours,

M. E. RHODES.

LETTER SUBMITTED BY HON. C. A. CHRISTOPHERSON.

HOUSE OF REPRESENTATIVES,
Washington, February 14, 1921.

Hon. JOHN JACOB ROGERS,
House of Representatives.

MY DEAR COLLEAGUE: I am in hearty accord with the provisions of your bill (H. R. 14961) to establish in the Interior Department a bureau of veteran reestablishment, and for other purposes.

Trust you will be successful in your efforts to get early consideration of this bill.

Yours, truly,

C. A. CHRISTOPHERSON.

LETTER SUBMITTED BY HON. HARRY C. RANSLEY.

HOUSE OF REPRESENTATIVES,
Washington, D. C., February 14, 1921.

Hon. JOHN JACOB ROGERS,
House of Representatives.

MY DEAR COLLEAGUE: I have your favor of February 11 in which you ask for an expression of opinion from me relative to your bill H. R. 14961.

It is my desire to go on record as being thoroughly in accord with its provisions, and I sincerely trust time will permit its consideration and passage prior to adjournment.

Cordially, yours,

HARRY C. RANSLEY.

LETTER SUBMITTED BY HON. NORMAN J. GOULD.

HOUSE OF REPRESENTATIVES,
Washington, D. C., February 14, 1921.

Hon. JOHN JACOB ROGERS,
House of Representatives.

DEAR SIR: Thanks for yours of February 11. I am in favor of legislation which would solve the present confusion relative to the handling of war-risk insurance, etc. The way in which many of the boys have been treated is disgusting.

Yours, faithfully,

N. J. GOULD.

LETTER SUBMITTED BY HON. L. S. ECHOLS.

HOUSE OF REPRESENTATIVES,
Washington, D. C., February 14, 1921.

Hon. JOHN J. ROGERS,
House of Representatives.

MY DEAR COLLEAGUE: Referring to your letter of the 11th instant relating to H. R. 14961, to establish in the Interior Department a bureau of veteran reestablishment and for other purposes, I beg to say that I am very much in favor of consolidating or transferring the present Bureau of War Risk Insurance and those portions of the functions of the Federal Board for Vocational Education and the United States Public Health Service which relate to the veterans of the World War to one department.

I am opposed to the continuation of the present system or rather the present conditions. There ought to be some way to remedy the present method of operating the Bureau of War Risk Insurance, Public Health Service, and the Federal Board for Vocational Education.

Very truly, yours,

L. S. ECHOLS.

LETTER SUBMITTED BY HON. ROBERT LUCE.

HOUSE OF REPRESENTATIVES,
Washington, D. C., February 14, 1921.

Hon. JOHN J. ROGERS,
House Office Building.

DEAR JOHN: Record me as heartily in favor of your consolidation bill.

Very truly, yours,

ROBERT LUCE.

LETTER SUBMITTED BY HON. HENRY Z. OSBORNE.

HOUSE OF REPRESENTATIVES,
Washington, D. C., February 14, 1921.

Hon. JOHN JACOB ROGERS,
House of Representatives.

MY DEAR COLLEAGUE: I have your favor of February 11 in regard to H. R. 14961, to establish in the Interior Department a bureau of veteran reestablishment and for other purposes.

I am in favor of the principle embraced in your bill, and shall be glad to give it my support in the House. It appears to me that a centralization of the duties of the present Bureau of War Risk Insurance and those of the Federal Board for Vocational Education, and the Health Service, so far as it relates to service men, is most desirable. I believe that it would work out better than does the present system. In saying this, I do not wish to be understood as complaining of the officers of those various agencies, as my relations with them have been most agreeable, but I think in the nature of things they are not able to render as good service as though the bureaus and duties are coordinated in one bureau.

Very truly, yours,

HENRY Z. OSBORNE.

LETTER SUBMITTED BY HON. NATHAN D. PERLMAN.

HOUSE OF REPRESENTATIVES,
Washington, D. C., February 16, 1921.

MY DEAR MR. ROGERS: I am heartily in favor of your bill (H. R. 14961) to establish in the Interior Department a bureau of veteran reestablishment.

I would appreciate it if you would have me recorded in favor of the bill.

Sincerely, yours,

NATHAN D. PERLMAN.

Hon. JOHN JACOB ROGERS,
House of Representatives.

LETTER SUBMITTED BY HON. ERNEST R. ACKERMAN.

HOUSE OF REPRESENTATIVES,
Washington, D. C., February 17, 1921.

SWEET SUBCOMMITTEE OF INTERSTATE COMMERCE COMMITTEE,
House of Representatives.

GENTLEMEN: Having carefully considered H. R. 14961, I desire to indorse the principle embodied, namely, the consolidation of various governmental activities for the relief and rehabilitation of ex-service men. Everyone agrees that the necessity under which the Bureau of War Risk Insurance and the Vocational Training Board were created did not permit of perfected legislation. This is also true of the rapid expansion of the Public Health Service. Such being the case, I feel you are now persuaded, as I am, that additional law is needed for the efficient smooth functioning administration of these agencies so the beneficiaries thereof may speedily obtain the relief to which they are entitled and have every right to expect, and which a grateful Nation desires them to obtain.

Whether H. R. 14961 offers the most workable solution or not is a matter on which I am not entirely convinced. It seems to me, however, it has the nucleus of a practical plan which may be used as the foundation on which to build. At present the Bureau of War Risk Insurance and the Public Health Service are both under the Treasury Department. The Board for Vocational Training is not under any department and is therefore lacking in the coordination possible in the financial and medical treatment of ex-service men. The vocational training of those able to take it is quite as important, if not more so in many instances; but the board not having departmental supervision is lacking in means for setting in motion the proper machinery to give quick authoritative action.

The consolidation of these three agencies should be possible without any serious dismemberment of any of them, or in any way disturbing their ability to function. Such a plan has my hearty approval, and I sincerely trust your committee may find it possible to report favorably such a measure for consideration before the adjournment of the present Congress.

The Sixty-sixth Congress has been the friend of the ex-service man. The passage of a bill of this nature would round out a long record for which other Congresses might do well to emulate.

Very truly, yours,

ERNEST R. ACKERMAN.

LETTER SUBMITTED BY HON. THOMAS D. SCHALL.

HOUSE OF REPRESENTATIVES,
Washington, D. C., February 14, 1921.

Hon. BURTON E. SWEET,
House Office Building.

MY DEAR MR. SWEET: Other Congressmen and myself and many soldier boys are anxious to obtain certain information relative to the War Risk Insurance Bureau and Public Health Service and the Board of Vocational Training. So far as I know, the only place where this information can be obtained is by your subcommittee now holding hearings on the Rogers bill. I am therefore sending you some questions with the request that you be good enough to propound them to such witnesses appearing before your committee as may be able to furnish information suggested.

1. In what way and by whom are disability ratings established?
2. What are the functions of the boards of appeal, and medical and legal review, and in what way are these functions administered?
3. What time usually elapses after a disabled man terminates vocational training before he is again in receipt of compensation?
4. What if any check is there upon examiners in the War Risk Bureau and physicians in the Public Health Service tending to eliminate delay or mistakes?
5. What are the present functions of the legal division and how are they administered?

We will be greatly obliged to you if you will kindly accede to this request.

Sincerely, yours,

THOS. D. SCHALL.

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